

DanceAbility - Participant Information

Please fill out this additional information for the instructors to better understand how to work with your child and for the purpose of contacting you for the next session's ballet schedule.

Child's Name: _____

Child's Birth date: _____

Parent(s)/Guardian's Name: _____

Address:

Home Phone: _____

Cell Phone: _____

Email address: _____

Child's Strengths:

Child's Diagnosis and Impairments:

Precautions (allergies, physical, health, and behavioral issues; suggestions for handling these):

What are you and your child hoping to gain from this experience?

Other concerns or comments:

DanceAbility Ballet - Photo Release

AUTHORIZATION TO RECORD AND REPRODUCE LIKENESS, WORDS, TALENT, ACTIONS, PHOTOGRAPHS, ILLUSTRATIONS, AND GRAPHICS.

I, the undersigned, grant to Missouri Contemporary Ballet (MCB) and their successors, assigns, grantees, licensees, bailees, and permittees the right to record, reproduce, and exhibit my likeness, words, talent, actions, photographs, illustrations, graphics, and names.

This action is for the purpose of publicity, sharing experiences with other similar programs and sharing progress with families and friends involved. Pictures will also be posted on MCB Facebook page for access by families.

I agree that I have read the above statements and understand the terms of this release.

Guardian /Parent

Signature: _____

Date: _____

DanceAbility/ Missouri Contemporary Ballet Release and Waiver

RELEASE OF ALL CLAIMS

Release made by _____, [name of parent or guardian], on _____ [Date], who lives at _____ [address], City of _____, County of _____, State of Missouri, as _____ parent or guardian of the child named _____ .

Although ballet is a beautiful and dynamic activity, it also possesses the potential for serious injury to the participant. The purpose of this material is to inform and/or warn parents and participants regarding the possible detrimental aspects of doing ballet. Ballet involves bending the legs and hips, turning, balancing and jumping. Regardless of the amount of safety precautions and training, there is always the possibility of injury. The dance instructors at DanceAbility are well trained and competent and we have great confidence in their ability to teach ballet activities safely. Parents should not be surprised if their children receive minor bumps and bruises or sore muscles.

The ballet studio is a safe environment. It is our intention to provide the participants in Missouri Contemporary Ballet's DanceAbility program with a positive experience in dance. If, however, you have not considered or realized the detrimental aspects of ballet and would like to cancel your child's participation in the program, please let us know.

Hopefully, your child will enter the studio ready and eager to learn. You can do certain things to help this along. Be sure your child is dressed in a leotard, or fitted shorts and a T-shirt. Please, no zippers or buttons to hurt them or catch on the equipment. Long hair should be tied back and no jewelry should be worn into the studio. Some children will be asked to wear their orthotics/braces with shoes that are only used for dance, others may wear ballet shoes, or you may wear ballet shoes over orthotics/braces. Parents are asked to remain outside the studio and welcome to watch through the viewing window.

In consideration of permission granted my child by Missouri Contemporary Ballet of Columbia MO, of the Orr Street Studios, to participate in DanceAbility, during the participation DanceAbility, I hereby release and discharge the Missouri Contemporary Ballet, the County of Boone, Missouri, the Boone County Family Resources and it's employees, the State of Missouri, or the Ballet Instructors, DanceAbility's volunteers, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, against the Missouri Contemporary Ballet, Orr Street Studios, Columbia, MO, the DanceAbility instructors, DanceAbility's volunteers, their successors or assigns, for all personal injuries, known or unknown, and injuries respective owners, underwriters, insurers, officers, employees, directors, agents, representatives, attorneys, predecessors, successors and assigns, for all liability claims, causes of action whatsoever, whether now known, unknown or hereafter discovered, including without limitation, all personal injuries, and injuries to property, real or personal, caused by, or arising out of, the above-described sports activities property, caused by, or arising out of, the above-described sports activities.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I acknowledge that if I have any questions whatsoever about the legal significance of this Release and Waiver that I may contact legal counsel of my choosing before signing.

Guardian /Parent Signature: _____

Date: _____