

**INSTRUMENTS BALLET / INSTRUMENTS CHURCH
MEDICAL, LIABILITY, AND ACTIVITY RELEASE FORM**

(Mandatory: You must agree to all statements before participating in any Instruments Ballet activity)



Form to be completed by someone who is 18 years of age or older, all parents, and/or guardians

I consent for myself and/or my child listed below to participate in any activities relating to taking any classes, performances, performance setup, performance take down, event, party, dance intensive, workshop, or any other activities that I participate in with Instruments Ballet and or Instruments Church.

In case of medical need or injury, I authorize Instruments Ballet / Instruments Church to arrange for medical or dental services for me and/or any of my children listed below. I agree that any such expense will be completely my obligation.

I, (please print full name) _____, individually, or in my capacities as parent, or guardian waive, release, and indemnify Instruments Ballet / Instruments Church and all of its agents*, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Instruments Ballet / Instruments Church activity, including my participation in any production, class, workshop, program setup, or program take down with Instruments Ballet / Instruments Church at any point now or in the future, and that involve any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

I understand that Instruments Ballet / Instruments Church may take photographs and or video of me and my family in the course of its activities, and I grant Instruments Ballet / Instruments Church permission to use such materials in a manner Instruments Ballet / Instruments Church deems appropriate.

This Activity Release Form is in effect for any activities including classes, workshops, performance, rehearsals, production setup, production take down, fundraiser, events, party, dance intensive, workshop, or activities that I, or any of my children, may participate in. This form is revocable, prospectively only, in writing signed by me that bears the date that the revocation is delivered to Instruments Ballet / Instruments Church.

I understand that there is an element of risk in this activity and agree to follow all instructions, rules, and regulations. I certify that I have and will maintain accident and medical insurance for any and all activities that I participate in with Instruments Ballet / Instruments Church.

Participants signature date

Parent or Legal Guardian signature date
(if participant under 18 years of age)

Participants name PRINTED

Parent or Legal Guardian name PRINTED

Participants personal information to be kept confidential

Best contact phone number: _____

Home address (include city, state, and zip) _____

Primary physicians name _____ Phone number _____

Medical Insurance Company _____ Policy number _____

Insured's name _____ Insured's date of birth _____

Required: Attach a photocopy of the insured's current medical insurance card.

Emergency contact _____ Phone _____

(This is the person we will call if you suffer a medical emergency) Relationship _____

Authorized medications _____

List any and all allergies (food or other) _____

Describe any injuries sustained in the last year _____

Describe any medical conditions and or infections that we should be aware of _____

Are you on a special diet of any kind? (vegan, vegetarian, etc.) If yes, please explain _____

**Including, but not limited to, all representatives and locations used by Instruments Ballet / Instruments Church for rehearsals, performances, outings.*