

Front Range Classical Ballet Academy

Liability Waiver and Acknowledgment of Risk

PLEASE READ AND SIGN BELOW

Registration is incomplete without signature. Please complete before class.

My signature on this agreement signifies that I (or my child/ren) will be using the Front Range Classical Ballet facilities at my (or his/her/their) own risk. I will not hold its owners, officers, directors, independent contractors, volunteers, employees or its affiliates responsible for any injuries or damage incurred by me or my child/ren. I acknowledge Assumption of Risk by accepting and agreeing to allow my child/self to participate in this program. I understand that I should be aware of my (or my child's/children's) physical limitations and agree not to exceed them.

I have read, understood and agree to be bound by the above statement. (Please print your name, sign, and date below.)

Name (printed): _____

Signature: _____

If under 18, a parent or legal guardian must sign.

For (Name of Student/s): _____

Date: _____

Photo Release Form

I grant permission for the Front Range Classical Ballet Academy to use photos of me (my child/ren) for publicity purposes.

Name (printed): _____

Signature: _____

If under 18, a parent or legal guardian must sign.

For (Name of Student/s): _____

Date: _____