

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

Name of Responsible Party (printed): _____

Signature: _____

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

Name of Responsible Party (printed): _____

Signature: _____

For (Name of Student/s): _____

Date Signed _____



Front Range Classical Ballet Academy
3501 S. Mason Unit #1, Fort Collins, CO 80525
970.980.8425

www.frcballet.com