

BALLET HAWAII

Assumption of Risk, Waiver of Liability and Health Information Form

DANCER: _____
Birthdate _____ Age _____

Assumption of Risk and Waiver: I, the undersigned, understand that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I further understand that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities which involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment with full knowledge of the dangers involved. I voluntarily agree, therefore, to expressly assume all risks and responsibility for any such injury or accident which might occur to me during any of Ballet Hawaii's dance classes, rehearsals, performances, or activities.

I, the undersigned, do hereby release, and indemnify Ballet Hawaii's agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to myself which may arise out of or in connection with participation in any classes or activities conducted by Ballet Hawaii on its premises or elsewhere. I further hereby voluntarily agree to waive my rights and those of my heirs and assigns to hold Ballet Hawaii's agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death including those caused by the negligent acts or omissions of any of the above mentioned, or others acting on their behalf, or in any way arising out of, or connected with, my participation Ballet Hawaii activities.

I understand that I should be aware of my physical limitations and agree not to exceed them. I declare myself to be physically sound and suffering from no condition or impairment that would prevent my participation or use of equipment except as hereinafter stated.

Permission for Treatment: Should an emergency arise while my child is under the supervision of the staff of Ballet Hawaii, I do hereby authorize the staff to obtain medical attention for my child. I do hereby give consent to any necessary examination or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any qualified physician or surgeon.

I do hereby release Ballet Hawaii and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense, judgment or cost, including without limitation attorney's fees, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or relate to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time, or any travel incident thereto.

Release of Information: By my signature below, I authorize Ballet Hawaii to release medical information regarding the above named minor to any person or entity to whom Ballet Hawaii refers the minor for medical treatment.

Effect of this Agreement: I agree that this Agreement is binding on the undersigned, individually and on behalf of our child, and on behalf of my, or our child's, estate, heirs, legal representatives and successors. This Agreement shall inure to the benefit of Ballet Hawaii and its trustees, officers, employees, agents, representatives and chaperones.

I acknowledge that I have read this Agreement and fully understand its contents. I represent that I am authorized to execute this Agreement individually and/or on behalf of my child. I am aware that this Agreement is a contract to, among other things, release from liability and to indemnify Ballet Hawaii, and that this contract is between Ballet Hawaii and myself (if over 18) or our child and his/her parent(s) or legal guardian(s).

Signatures of both parents or guardians are required for this form:

Signature of Dancer (Age 18 and over) or Parent/Legal Guardian Print Name Date

Signature of Parent/Legal Guardian Print Name Date

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Assumption of Risk, Waiver of Liability and Health Information Form

DANCER: _____

Health Information:

Family Doctor: _____ Phone: _____

Medical History: Allergies, if any, including medication and foods: _____

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

Medicines your child is now taking and dosage: _____

Date child received last Tetanus injection or booster (if known): _____

Any physical restrictions: _____

Medical Insurance Information:

Name of Medical Plan: _____ Policy No.: _____

Subscriber's Name: _____ Subscriber No.: _____

Contacts, I (we) can be reached at the following phone numbers(s) in an emergency:

Mom: _____
Home Business

Cell Pager

Dad: _____
Home Business

Cell Pager

The health history provided on this form is correct to the best of my knowledge.

Signature of Dancer (Age 18 and over) or Parent/Legal Guardian Print Name Date

Signature of Parent/Legal Guardian Print Name Date