



Ballet TAOS

1037 Calle Del Sol
Taos, NM 87571
575.779.9128

contact
@ballettaos.com

Liability Waiver

REGISTRATION PACKET ballettaos.com

Name of Student

Page 1 of 1

[Empty box for Name of Student]

Liability Waiver

Ballet Taos Rehearsal, Class and Audition Waiver

I, _____, understand and agree that there is a possibility of my child, _____ becoming injured whether on pointe or not in participating with the Ballet Taos.

I will not hold Ballet Taos or any Ballet Taos faculty member, employee, board member or guest artist liable for any injury sustained or illness contracted while I/my child am/is at Ballet Taos. I exempt, release and indemnify Ballet Taos and its agents from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to the student, parent/guardian, family member or personal property which may arise out of or in connection with participation in the Ballet Taos classes, rehearsals and/or auditions.

Signature or Signature of Parent if applicant is less than 18

Date

Legal Release and Policy Acceptance (please initial)

I/we understand the Studio Policies

I/we understand my billing obligations

I/we understand the risks related to dance property

I/we understand my responsibilities for my

I/we understand the dress code

I/we understand the schedule

I/we give media use rights permission

I/we understand the attendance policy

Signature / Responsible Party

Date