

PITTSBURGH BALLET THEATRE

Dance Class Release Form

Saturday, Feb. 3, 2017

Student Name: _____ Today's Date: _____

Birthdate: _____ Age: _____ Current School: _____ Grade in '16/17: _____ Male: _____ Female: _____

Home/Family Address: _____ Zip: _____

Family E-Mail (print): _____ Family Home Phone: _____

Parent/Guardian: _____

Parent/Guardian Cell: _____

How did you hear about the class? _____

Additional/ information you would like to share

MEDICAL RELEASE FORM: By signing below on behalf of my child, I assume the risk associated with dance instruction/classes and agree that the Pittsburgh Ballet Theatre and its Education Department (PBT) and their respective Board of Directors, Faculty, Staff and any of the volunteers shall not be liable in any way for any injuries sustained or loss of property while attending the dance class or any of its related functions. In the event that I am not present at the dance class, I hereby grant permission to instructional staff to authorize hospital admission and medical, surgical, and emergency treatment, including blood or blood product, transfusions, and diagnostic procedure. Additionally, I grant permission for the administration of anesthesia for the student where medically necessary in case of emergency, accident, and illness and only in the case that the parent or alternate family representative listed below cannot be contacted.

Family Physician Name/ Phone: _____

Allergies/Medical Conditions/Instructions: _____

Emergency Contact Name/Phone: _____

In addition, I understand that in teaching the art of ballet and other dance forms, it is entirely appropriate for a teacher to put their hands on a student to correct the student's posture, the physical line, position of the student's body or part of his/her body, or to help a student hold a position. PBT does not tolerate any teacher-student contact that is harmful or inappropriate. By participating in PBT activities and programs, parents acknowledge that PBT teachers/instructors may correct students with physical contact.

MEDIA RELEASE: By signing below, I grant permission for any photographs and/or video footage, which may include my child, to be used for promotional purposes on the internet, on television or in newspapers, magazines, or any other media.

USE OF CONTACT INFORMATION:

By completing this form, I grant PBT and Phipps permission to use my personal information to contact me about upcoming events and promotions. PBT will not rent, sell, or share personal information with third-party people, companies, or entities, unless permission is received to do so.

Signatures below indicate acceptance of terms and conditions included here. This constitutes entire agreement between PBT and the undersigned.

Parent Signature: _____ Printed Name: _____ Date: _____

Return form to: Christina Salgado, Director of Education, Pittsburgh Ballet Theatre, 2900 Liberty Ave., Pittsburgh, PA 15201



PHIPPS CONSERVATORY AND BOTANICAL GARDENS

PHOTO AND EVENT RELEASE FORM

EVENT: Dancing with Alice in Wonderland ACTIVITY: Creative Movement Class

DATE OF EVENT: February 4, 2017

I hereby authorize Phipps Conservatory and Botanical Gardens (Phipps) to publish the photographs taken of me and/or the undersigned minor children, and our names, for us by Phipps in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Phipps, in perpetuity, and for other use by Phipps.

I release Phipps from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Phipps to use their photographs and names. I acknowledge that since participation in publications and in any and all other media produced by Phipps is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publications and in any and all other media produced by Phipps confers no rights of ownership whatsoever. I release Phipps, its contractors and its employees from liability for any claims by me or any third party in connection with my participation of the participation of the undersigned minor children.

In consideration of joining in the above-described event(s) (the "Activity"), I agree and acknowledge that I am fully aware that participation in the Activity may involve risks and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.

"Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, property damages, economic losses, personal injury or death in connection with participation in the Activity. "Released Party" means Phipps Conservatory and Botanical Gardens and all of its affiliates and its respective representatives, directors, officers, agents, employees and volunteer staff.

I agree and acknowledge that: (a) I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death; (b) I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured; and (c) I am aware that if the Activity occurs outdoors, the streets adjoining the area of the Activity are open to regular vehicular traffic during the Activity and I will obey all traffic laws and regulations.

I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Without limiting the foregoing, I further release any rights or remedies which I may now or hereafter have resulting from any decision of any Released Party.

I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may

incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.

I am aware that it is advisable to consult a physician prior to participating in the Activity. If I have consulted a physician, I have taken the physician's advice.

I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that: (a) there may be no aid stations available for the Activity; and (b) If medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.

If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

If the participant is less than 19 years of age, the parent or guardian agrees to the following statements: As a parent or guardian of the participant child, I authorize the child to participate. I agree that in the event the participant child, or anyone acting on his or her behalf, should make any claim, I will provide the indemnity and hold harmless described in paragraph 8 and I agree to the terms of this Release and Waiver. In the event of a medical emergency involving the participant child and any Released Party is unable to contact me, I agree and grant my permission that any Released Party may provide medical care to the participant child.

I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

Name (please print)

Address

City

State

Zip

Signature

Date

Names and Ages of Minor Children

Name

Age

Name

Age

Name

Age