

The Ballet Alliance Festival Attendance Form for ADULT Participant

Return to your Artistic Director

PARTICIPANT NAME:				
COMPANY:			BirthDate:	
Cell phone:	Designation:	Artistic Director	Chaperone	Observer
Mailing address:				
Participant medical insurance co:			Policy #:	
Emergency contact name:			Relationship:	
Emergency contact telephone numbers:				
Allergies/medical conditions:				
Dietary restrictions or food allergies:				
Date of last tetanus shot:				

Festival Policies Understanding/Enforcement:

As a chaperone, I will enforce the Festival Dress Code at all times, and my Artistic Director has explained what it is, both for classes and for other activities.

I will wear my Festival badge to all Festival functions, and understand that the dancers need to do the same.

I understand the necessity of the dancers' punctuality for all Festival functions.

I will uphold and enforce the behavioral requirements/guidelines for the Festival set forth by the Artistic Director, including theater etiquette.

I will be responsible for our dancers' whereabouts at all times during the Festival. Our dancers understand the need for the buddy system and also that permission must be given for them to be anywhere without a chaperone present.

I understand that the dancers are to participate/attend every Festival activity planned for them unless there are extenuating circumstances and our Artistic Director has personally excused them.

I will support local law enforcement in regard to prosecution of any illegal activity by any person involved with my company.

My attendance at The Ballet Alliance Festival is in support of the region, and I will uphold the policies of The Ballet Alliance

I assume the responsibility of the safety and health of our dancers.

I understand that I have been given permission to check any of our company's participants into a local medical facility if they are in need of medical care. I will contact their emergency contact before doing so, if at all possible; if not possible prior to treatment, I will contact them as soon as I am able.

Use of Name and Likeness: I hereby grant permission to The Ballet Alliance Festival 2024 May 6-9, 2024 for photos or videos (including of which I am the subject) to be published, reproduced and distributed in ways that include, but are not limited to: distributed to Festival participants, used for marketing and promotional purposes, used for fundraising proposals, used for print or The Ballet Alliance website publication or social media forum. I understand that my image may not be credited.

Indemnity/Hold Harmless Agreement: I agree to indemnify and hold harmless and defend The Ballet Alliance Festival 2024 May 6-9, 2024, its sponsor organizations, agents, officers, and employees from and against any and all suits, action, claims and expenses including attorney fees by reason of the liability imposed by law upon The Ballet Alliance, except in cases of its sole negligence, for damage because of bodily injury, including death resulting therefrom, sustained by and person or persons, or on account of damage to property arising out of this agreement.

SIGNATURE OF ADULT PARTICIPANT:

Typing my name below signifies my understanding of and agreement with the entire above charter