

## The Ballet Alliance Festival Attendance Form for MINOR

Return to your Artistic Director

PARTICIPANT NAME:	Birthdate:	Age:
COMPANY:		
Participant medical insurance co:	Policy #:	
Parent/Guardian name(s):		
Parent Guardian telephone numbers:		
Parent/Guardian mailing address:		
Other emergency contact name:	Relationship:	
Emergency contact telephone numbers:		
Allergies/medical conditions:		
Dietary restrictions or food allergies:		
Date of last tetanus shot:		

**Festival Policies Agreement:**

I understand the Festival Dress Code, both for classes and for other activities. I will dress appropriately for the climate and location of the Festival and within the The Ballet Alliance rules for all events. I understand that if I am not attired properly I will not be able to participate.

I will wear my Festival badge to all Festival functions.

I will attend all Festival classes and functions unless expressly excused by my Artistic Director.

I will not take part in any illegal activity, and understand that I will be prosecuted to the full extent of the law if I do so. The use of Cannabis is also prohibited.

I agree to behave in a conservative manner within the hotel and in public spaces; I understand that I represent The Ballet Alliance.

I will not deviate from my company's schedule during the Festival. I will never leave the hotel, theater or class facilities alone, nor will I ever be somewhere that a chaperone from my company does not know about.

I will behave in a dignified and supportive manner during performances, and what is expected has been fully explained by my Artistic Director.

**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 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.

**Parent/Guardian Permission:** I hereby give permission for the above-named minor to attend the upcoming Ballet Alliance Festival. I give permission for any chaperone from the Company to sign the minor into the hospital or medical facility to receive medical treatment.

**SIGNATURES:** Typing in of and agreement with the entire above charter

SIGNATURE OF MINOR: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN & DATE: \_\_\_\_\_