



Emergency Medical Release & Liability Waiver

THIS EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER MUST BE COMPLETED BEFORE A DANCER CAN PARTICIPATE IN ANY CLASS.

I, the undersigned the dancer or parent/guardian of the above listed dancer (if dancer is under the age of 18) acknowledge and fully understand that each dancer will be engaging in activities that involve risk of injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the routine of the training, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue The Sun Valley Ballet School, its directors, instructors, managers, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of business premises used to conduct event, all of which are hereinafter referred to as 'releases', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the dancer as a result of the dancer's participation in the academy programs.

Each dancer should be in good physical condition and has been found physically capable of participating in the dance academy programs. In case of emergency, I hereby give my consent to have Sun Valley Ballet (SVB) to contact 911 for necessary medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases.

I have read the above waiver/release and agree to abide by this medical release and liability waiver form voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from SVB will cause the dancer to be removed from the Program.

Dancer's Name _____

Student/Parent/Guardians Signature* _____

Date _____

*Must be signed by parent or legal guardian