

AOD will email the handbook to you once registration has been received

I acknowledge that I will read and respect the policies of AOD.

Child's Name: _____ Parent/Guardian's name: _____

Date: _____  Signature: _____

Release and Waiver of Liability

As additional consideration for my child's dance instruction and participation in productions of the Academy of Dance, the American Pacific Ballet Company and International dance Acclaim (IDA), the undersigned hereby knowingly and voluntarily releases, waives, and holds harmless the Academy of Dance, the American Pacific Ballet Company, IDA, Merle Sepel, and their respective employees, agents, independent contractors, representatives, assigns, volunteers, and any and all persons acting under the authority and/or permission of the Academy of Dance, the American Pacific Ballet Company, IDAv or Merle Sepel, from any liability whatsoever arising out of injury to the person or property of my child or any of my child's family members, which may occur while participating in the activities of the Academy of Dance, the American Pacific Ballet Company or IDA. Such activities include, but are not limited to classes, rehearsals, performances, fundraisers, trips or other events, whether at the studio site or off-site, as well as the on-site or off-site waiting time involved with such activities.

I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the activities of the Academy of Dance, the American Pacific Ballet Company or IDA and represent and warrant that my child is physically fit and has no medical condition which would prevent his/her full participation in the activities of the Academy of Dance, the American Pacific Ballet Company or IDA.

Safety and avoidance of injury and/or loss of property are the sole responsibility of the dancers, their parents/guardians, and their other family members.

The undersigned agrees to indemnify the Academy of Dance, the American Pacific Ballet Company, IDA, Merle Sepel, and their respective employees, agents, independent contractors, representatives, assigns, volunteers, and any and all persons acting under the authority and/or permission of the Academy of Dance, the American Pacific Ballet Company, IDA or Merle Sepel in the event that any claims are asserted against the American Pacific Ballet Company, IDA, Merle Sepel, and their respective employees, agents, independent contractors, representatives, assigns, volunteers, or any person(s) acting under the authority and/or permission of the Academy of Dance, the American Pacific Ballet Company, IDA or Merle Sepel relating to my child's participation in the activities of the Academy of Dance, the American Pacific Ballet Company or IDA. The undersigned understands that there are risks for injury or bodily harm associated with my child's participation in the activities of the Academy of Dance, the American Pacific Ballet Company or IDA, and agrees to assume full responsibility for all such risks, injuries, or damages, whether known or unknown.

The undersigned agrees that this release shall be binding on me, my child, and my/my child's legal representatives, family members, heirs and assigns. I acknowledge that I have read, understand, and agree to the terms of this release and waiver of liability.

 Signature of Parent/Guardian: _____

Consent for Medical Treatment & Release from Liability

As the parent, or guardian, I hereby give consent to the Academy of Dance, the American Pacific Ballet Company, IDA, Merle Sepel, and their respective employees, agents, independent contractors, representatives, assigns, volunteers, and any and all persons acting under the authority and/or permission of the Academy of Dance, the American Pacific Ballet Company, IDA or Merle Sepel, to provide temporary first aid to my child in the event of injury or illness and to provide all emergency medical or dental care prescribed by a duly licensed physician, osteopath, dentist, or other medical personnel. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.

I further authorize the aforementioned entities to transport my child by volunteer or by ambulance to any health care facility or hospital in the event any of the aforementioned entities deem such action to be necessary.

I fully understand that that the Academy of Dance, the American Pacific Ballet Company, IDA, Merle Sepel, and their respective employees, agents, independent contractors, representatives, assigns, volunteers, and any and all persons acting under the authority and/or permission of the Academy of Dance, the American Pacific Ballet Company, IDA or Merle Sepel are not physicians or medical practitioners of any kind, and hereby release them from any liability relative to the medical treatment of my child. I further agree to be fully responsible for any costs associated with the medical treatment or transportation of my child and will reimburse any of the aforementioned entities for actual costs incurred.

I represent that the aforementioned child has the following pertinent medical conditions (e.g., allergies to medications or other substances, illnesses, health problems): Please list on the other side of the page.....

I acknowledge that I have read, understand, and voluntarily agree to the terms of this consent for medical treatment and release of liability.

 Signature of Parent/Guardian: _____

Release for Use of My Child's Name or Likeness

I hereby grant permission to the Academy of Dance, the American Pacific Ballet Company, IDA, Merle Sepel, and their employees, agents, independent contractors, assigns, or anyone acting with their permission or authority, to obtain, use, reproduce and publish or re-publish the name and/or likeness (photograph, digital, videotape, voice, electronic, or other likeness) of my child, for commemorative, promotional, publicity, fundraising, commercial advertising, or any other purpose, including but not limited to publication via the Internet. I understand that there will be no compensation or other consideration for such uses. I waive any right to inspect or approve the likeness of my child chosen to be uses or the final version of any works in which my child's name or likeness is incorporated.

I hereby release, discharge, and agree to hold harmless the Academy of Dance, the American Pacific Ballet Company, IDA, Merle Sepel, and their employees, agents, independent contractors, assigns, and all persons acting under their permission or authority from any and all claims, actions, and liability relating to their use of said likenesses of my child, including but not limited to claims concerning blurring, distortion, optical illusion, or use in composite form, whether intentional or otherwise, of my child's name and/or likeness, and claims of libel or invasion of privacy.

I agree that this release shall be binding on me, my child, my legal representatives, my heirs, and my assigns.

I hereby acknowledge that I have read and understood the terms of this release.

 Signature of Parent/Guardian: _____