

BALLET ARTS CENTRE

MEDICAL INFORMATION AND LIABILITY RELEASE FORM

Ballet Arts Centre of Jax, Inc. and its agents will at all times strive to conduct all activity in the safest manner possible. As you are aware, all physical activity comes with an inherent risk of injury. If your child is injured or becomes sick and we are unable to contact you, we will need the required information and release form below to seek medical attention on their behalf.

PARENT CONTACT INFORMATION:

Father's Name

Mother's Name

Father's Contact Information

Mother's Contact Information

Emergency contact when neither
parent can be reached: _____

Insurance Company: _____ ID or GROUP #: _____

Ins. Company Phone #: _____ Doctor: _____ Dr. Phone #: _____

Please list any allergies, medications or health issues: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I hereby consent to receive and pay for medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND THE CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

We, the undersigned, and parent(s) of _____, hereby authorize Ballet Arts Centre of Jax, Inc., and its agents, to authorize any and all medical treatment for our child as they in their discretion see fit.

Parent's Signature

Date

Parent's Signature

Date

Agent for Ballet Arts Centre

Date Received

1621 Camden Ave.
Jacksonville, FL 32207

904-399-5687
www.balletartscentre.com