

Release Request and Hold Harmless Agreement

I request permission for my child/myself to participate in the classes at the Frank Ohman School of Ballet for the current school semester (February 3, 2018 through June 12, 2018). Parents agree to and understand that the teaching methods at Frank Ohman School of Ballet will often include “hands-on” instruction. Physical contact may be necessary to insure correct alignment and teaching technique for the students. I further request permission for my child or myself (if over 18 years of age) to participate in performances, if eligible, during the aforementioned school year. I understand that in order for my child or myself to participate in the performance, my child/I must attend all rehearsals and be present at mandatory dress rehearsals. I permit any photos/video of my child/myself to be used by Frank Ohman School of Ballet in print publications, televised media, on the school’s website and related social media such as but not limited to Facebook, Instagram and You Tube...it is understood that names will not appear with the photographs/film/videotapes/electronic representations unless I have granted written permission in specific situations. In exchange for the aforementioned permissions, I, for myself and/or my child and for our heirs and assigns do hereby release and agree to hold harmless the Frank Ohman School of Ballet and its directors, officers, employees, agents, successors and assigns from all claims and demands of any kind, including claims for injuries to person or property and defense costs and attorney’s fees, arising out of or related to, directly or indirectly, my child’s/my participation in the classes, rehearsals, performances and photography/video usage for the current school semester. I am fully familiar with my child’s/my own physical condition and limitations, and assume all risks of injury for my child/my person or property that my child/I may sustain in connection with participation in the current school semester, rehearsals and performances.

Child’s Name (please print) _____

Parent’s Name (please print) _____

Parent’s Signature _____

Student over 18 years old Name (please print) _____

Student over 18 years old Signature _____

Date _____/_____/_____

ALLERGY INFORMATION:

Please list any allergies your child has (with explanation if necessary):
