



[www.balletcaraibes.org](http://www.balletcaraibes.org) / [www.floras-dance-studio.org](http://www.floras-dance-studio.org)

**Release Form**

**Please read, and complete before the first class. This form must be provided by the first class.**

**1. Yes \_\_\_\_\_ No \_\_\_\_\_ Photo/Media Release:**

I grant Ballet Caraïbes permission for the use of photographs, video/ television footage, voice over in performances, classes, educational outreach and lecture demonstrations, using various communications media such as Ballet Caraïbes’ website, newspaper, television, radio and general promotional posters/fliers.

**2. Yes \_\_\_\_\_ No \_\_\_\_\_ Medical Release:**

You will be called in case of emergency; however, certain emergency may require immediate medical attention. I give permission for emergency medical care of my child upon calling 911:

**Medical Insurance (optional):** \_\_\_\_\_

Family physician and phone: \_\_\_\_\_

Other medical condition: \_\_\_\_\_

**3. \_\_\_\_\_ Pick Up Release.**

I understand that I will be responsible for picking up my child. I may occasionally have my child being picked up by \_\_\_\_\_, \_\_\_\_\_, (cell) \_\_\_\_\_,  
(H) \_\_\_\_\_  
(w) \_\_\_\_\_ .

**4. \_\_\_\_\_ Liability Release:**

Dance, like any other physical sports place demands on the body and carry with them the risk of physical injury. On behalf of myself and my child, I assume the risk and agree that Ballet Caraïbes, Flora’s Dance Studio, its directors, affiliated personnel and organizations, its board of directors, chaperones, instructors, faculty members and any agent shall not be liable for any injury sustained or loss of property during attendance at the studio or any of its related functions and activities.

**Custodial Parent / Guardian’s Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_