

The Susan Lopez school of Ballet
Fall 2011/Spring 2012
Student Medical Information and Release From

* I agree to allow The Susan Lopez School of Ballet or its' designated representative permission to obtain medical attention for my child/ward _____ (Name) _____ (Initial)

* My Child/Ward has a medical condition that requires he/she to take the following medication on a regular basis _____

*Please lists any allergies etc. reactions & treatment _____

Student's Physician Phone _____ Dentist _____ Phone _____

*I have read the brochure regarding payment of tuition and the withdrawal from the school policy and understand that I am responsible for late fees, returned checks fees and any outstanding tuition due to the school. _____ (initial)

*I release any claims on photos or videos taken of my child/ward while they are participating at any of The Susan Lopez School of Ballet classes events or performance, etc. I will agree to allow The Susan Lopez School of Ballet to use any of these photos/videos for promotional purposes. _____ (initial)

Agreement & Release of Liability I, _____, HEREBY

(Please print both student's and parent's name if minor)

ACKNOWLEDGE that I have voluntarily applied to participate in dancing instruction, training and performances at **The Susan Lopez School of Ballet**. I AM AWARE THAT PARTICIPATING IN THESE ACTIVITIES (BALLET, POINTE, TAP, AND PERFORMANCES) CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE UNDERSTANDING OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY. AS LAWFUL CONSIDERATION for being allowed by **The Susan Lopez School of Ballet** to participate in these activities and to use their facilities, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute **The Susan Lopez School of Ballet**, any of their affiliated organizations, owners, or employees for injury or damage resulting from the negligence or other acts, however so caused by any employee, owner, agent or contractor of **The Susan Lopez of Ballet**, or its affiliates, as a result of my participation in dancing activities. In addition, I hereby release and discharge **The Susan Lopez School of Ballet**, any of its affiliated organizations, all of its teachers, owner, employees, agents, from all actions,