

**Indianapolis School of Ballet  
2020 /2021 Health and Release Form**

Student Name \_\_\_\_\_

Class Level/Name \_\_\_\_\_ Day(s) Enrolled \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender M / F

**Emergency Contacts**

Parent/Guardian #1

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home \_\_\_\_\_

Relation to Student \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian #2

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home \_\_\_\_\_

Relation to Student \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Student Handbook and Code of Conduct** Please initial.

\_\_\_\_\_ (initial) I have received or will download and read a copy of the ISB Student Handbook.  
(The ISB Student Handbook is available at the Indianapolis Ballet Office)

**Healthy Acknowledgment** Please initial.

\_\_\_\_\_ (initial) I have not been in contact with anyone who has been diagnosed with COVID-19 (novel coronavirus), or any mutation or variation thereof, or has confirmed exposure to COVID-19 (novel coronavirus), or has confirmed exposure to COVID-19 (novel coronavirus), or any mutation or variation thereof, within the last 14 (fourteen) days.

**Release and Waiver**

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is the possibility of physical injury. **I agree, therefore, to assume all risks of any such injury to myself, (or my minor child), including but not limited to risk risks associated with direct or indirect exposure to communicable diseases, including but not limited to, COVID-19 (novel coronavirus) and any mutation thereof, which might occur during any and all Indianapolis School of Ballet (ISB) classes, rehearsals, or performances, whether or not caused in whole or in part by the negligence or other misconduct of the Indianapolis School of Ballet (a "Claim"). I exempt, release and indemnify the**

**ISB/Indianapolis Ballet, Inc., its members, agents, employees, guest artists and faculty members from any and all liability claims, demands or causes of action whatsoever from any damage, loss or injury to me (or my minor child) or my (or my minor child's) personal property which may arise out of or in connection with participation in any classes or activities conducted by the ISB, whether such loss, damage or injury results from the negligence, passive or active, of ISB, its members, agents, employees, guest artists or faculty members or from some other cause.**

**Indemnification**

I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) the Indianapolis School of Ballet from any Claim, or any expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with a Claim.

**Publicity Release**

I hereby grant Indianapolis School of Ballet the right to use the name, voice, likeness, statements, actions and biographical data of the undersigned in all forms, all media and in all manners, for the purpose of publicity, advertising and other lawful promotions. The undersigned hereby waives any right to inspect or approve the finished version before any such use.

**Medical Emergency Release**

In case of a medical emergency, the Indianapolis School of Ballet will make every effort to contact you as soon as possible. If we are unable to reach you, we require your consent in order to get your child the necessary health care in an emergency. I agree to pay all expenses resulting from the Medical Treatment. This consent does not impose a duty upon the Indianapolis School of Ballet to provide such assistance, transportation, or services.

I represent that I am the parent/legal guardian of the above-designated student, who is a minor, and I hereby empower the Indianapolis School of Ballet to act on my behalf in case of emergency. Permission is hereby granted to the medical profession as selected by the Indianapolis School of Ballet to provide all necessary emergency medical attention.

**Severability**

If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

**Binding Effect**

This instrument shall be binding upon me and upon all relatives, personal representatives, heirs, beneficiaries, and next of kin and shall inure to the benefit of the Indianapolis School of Ballet. This instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

*I have read, understand, and agree to the above releases.*

**Must be signed by parent or guardian if student is under 18 years of age.**

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

**Printed Name of Signatory:** \_\_\_\_\_

**Printed Name of Student (if under 18 years of age):** \_\_\_\_\_

## Health Information

Please provide information about allergies, medications, medical conditions, or special diets that we should be know about:

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Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_