

Central Kentucky Ballet Conservatory

Liability Release Form

We, the undersigned parents and/or guardians of \_\_\_\_\_, a minor, upon signing this agreement do hereby acknowledge that the activities that I have requested my daughter/son participate in may be stressful on the body and carry with them the risk of physical injury.

On behalf of my child and her/his parents and/or legal guardians, I assume the risk and agree Central Kentucky Ballet Conservatory, directors, faculty and any aCKBC staff or volunteers shall not be liable in any way for any injuries sustained or loss of property during attendance of the competition and master classes.

Medical Release: My child has permission to receive any necessary emergency medical care. Students must be covered by their own family health insurance. It is understood that the student's own health insurance policy will be the only source of payment for any medical services, out of pocket expenses and pain and suffering that may be incurred or result from treatment due to an injury.

Media Release: We understand that CKBC will use pictures and videos for promotion material about its programs. We understand that as a participant, the minor mentioned above may be included in video tape or photographs taken during master classes or the competition. We hereby grant CKBC licenses, sponsors and television networks and all other commercial exhibitors, the exclusive right to photograph and/or video tape participant and further utilize participant's name, face, likeness, voice and appearance, as part of the program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that CKBC is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent 1:

\_\_\_\_\_  
Phone \_\_\_\_\_ Parent 2: \_\_\_\_\_ Phone

Medical Insurance Provider Name:

\_\_\_\_\_ Group/Policy #

Physicians name \_\_\_\_\_