

**AGREEMENT**

**AGREEMENT TO ASSUME ALL RISKS,  
TO HOLD HARMLESS, TO INDEMNIFY AND TO RELEASE**

I, the undersigned, am aware that during dance lessons, rehearsals, and other related activities in which I am participating under the arrangements of Kimberly Gavin Anderson, or the Ballet Arts Center, Inc., certain risks and dangers exist, including but not limited to physical injury due to or arising from dance lessons, rehearsals or other related dance activities. In consideration of, and as partial payment for, the right to participate in such dance lessons, rehearsals and other related dance activities as provided by Kimberly Gavin Anderson or the Ballet Arts Center, Inc., as well as its owners, operators, agents, instructors, choreographers and unnamed assistants. I have and do hereby assume all of the above-mentioned risks and dangers and will hold all of the aforementioned companies, studios, and persons harmless from any and all liability, actions, causes of actions and debts, claims and demands of each and every kind of nature which may arise out of, or in connection with dance lessons, rehearsals and other related activities provided by Kimberly Gavin Anderson, or the Ballet Arts Center, Inc.

My signature below shall service as a release and assumption of all risks for my heirs, executors and administrators and all members of my family, including any minors accompanying me who may be injured. I further state that I am of lawful age and legally competent to sign this affirmation and release, and that I have signed this document as my own free act. I have fully informed myself of the contents of this affirmation and release by reading it before I or are a student, dancers or performer on the premises of the Ballet Arts Center, Inc. and additionally for any and all times I am a participant in all off-facility locations, unless withdrawn in writing.

A Parent or Legal Guardian must sign for students under twenty-one (21) years of age, or students over twenty-one (21) years of age must sign this release before any class is attended.

Student's Name (please print)	Today's Date	Date of Birth
Parent/Guardian's Name (please print)	Parent/Guardian's Signature	Today's Date

**PERMISSION TO USE PICTURES**

Additionally, I hereby authorize the Ballet Arts Center, Inc. to use any pictures of the student listed below taken during classes, rehearsals, performances or other picture sessions related to the Ballet Arts Center, Inc. Pictures of the student listed below may be used for future advertising and brochures.

Student's Name (please print)	Today's Date
Parent/Guardian's Signature	Today's Date