

**Open Program & Private  
Session WAIVER FORM**

<b>STUDENT INFORMATION</b>		<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Returning</b>
<b>First Name:</b>	<b>Last Name:</b>		
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birthdate:</b> /            /	<b>Age:</b>	
<b>Email Address:</b>	<b>Cell Phone for Text Alerts:</b>		
<b>Emergency Contact Person:</b>	<b>Emergency Contact Phone Number:</b>		
<b>Parent or Guardian Name (if under 18):</b>	<b>Parent Email (if applicable):</b>		

<b>Initials Required</b>	<b>Legal Release and Policy Acceptance</b>
_____ <i>Initials</i>	I/We understand and accept that personal accident & medical insurance is the responsibility of each student/family. The International Ballet Academy and its faculty shall not be held responsible for any injuries that occur while taking part in any programs at the IBA or with the IBA, to include family members of students in attendance in the IBA facilities or dancers taking classes online.
_____ <i>Initials</i>	I/We understand and accept my/our own personal responsibility for my/our own personal property. The IBA will not be held responsible for any lost or stolen items. I/We understand that no valuables should be brought into the facility and that all personal items should be stored properly in the designated storage areas provided only.
_____ <i>Initials</i>	I/We understand that the IBA, at times, must cancel open lessons. The IBA staff makes every effort to communicate cancellations in a timely manner by email and/or text message to those students who have consistently attended such lessons. Communications about such cancellations are not sent out to all members of the academy.
_____ <i>Initials</i>	I/We understand and agree to all policies & procedures contained in the International Ballet Academy Parent and Student Manual, & the current IBA Covid 19 policies and procedures as found on this agency's website & at the IBA front desk if I/We should request a copy. By signing below, the undersigned indicates that he/she has read and agrees with the policies, procedures & conditions as stated in this organization's policy manual.
_____ <i>Initials</i>	I/We agree that the above listed student has permission to participate in open program lessons at the International Ballet Academy. <i>(If over the age of 18 years old)</i> – As an adult, I sign below to signify that I choose to participate in dance lessons at the International Ballet Academy. I/We sign below to signify that the dancer represented by this contract is medically fit to participate, and I/We understand and assume all risks associated with such physical activity and exertion.

*This form is kept on record for a period of 3 years. After this a new waiver form will be required. A new form will be required if the dancer represented turns 18 during the 5 year period of time. The dancer/parent represented agrees to inform the IBA business office of any changes to the above information prior to the expiration of this form.*

<b>Signature (Parent must sign if dancer is under 18):</b>	<b>Date:</b> /            /
<b>Print Name Here:</b>	<b>This waiver is valid until:</b>