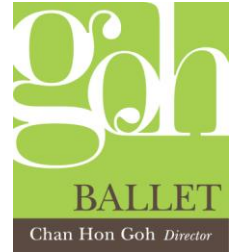




## Audition Registration Form



### Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carries a risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that Goh Ballet Academy, Canadian Dance Productions Inc. or Nutcracker production shall not be liable in any way for injuries sustained during attendance, dance class or any related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor. I further acknowledge that Goh Ballet Academy, its instructors, Canadian Dance Productions Inc. and/or the Nutcracker production are not responsible for any loss of or damage to the student's personal property.

X \_\_\_\_\_ (initial)

### Publicity Release

I hereby authorize Goh Ballet Academy, Canadian Dance Productions Inc. and Nutcracker production to record the student's picture and voice on photographs, films and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films on tape, radio or television broadcast programs. I also give my permission for Goh Ballet Academy, Canadian Dance Productions Inc. or Nutcracker production to use and license others to use these materials for publicity advertising and sales promotion, and to use the student's name, likeness, voice, and biographic or other information in connection with them. I acknowledge that no promises of compensation are made by Goh Ballet Academy, Canadian Dance Productions or the Nutcracker production for such use.

X \_\_\_\_\_ (initial)

### Medical Release

In the event that I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of Goh Ballet Academy or Nutcracker production to authorize any emergency medical care that may be required by the above noted student during participation in classes, rehearsals, performances, or any related Goh Ballet Academy or Nutcracker production events. This authorization extends throughout the current academic year. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

**The undersigned understands and agrees that the Nutcracker reserves the right to void this participant for conducts that contravene the objectives, rules, regulations and policies of the Nutcracker production or Goh Ballet Academy.**

### Emergency Contact other than parent/guardian listed on the front of this form

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Doctor/Physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

Please list any special medical conditions (past or present) of which Goh Ballet should be aware of

\_\_\_\_\_

**I have read and agree to the terms above:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (M/D/Y)