



Medical and Media Release Form: Scout Dance Classes

Student First Name: _____ **Student Last Name:** _____

Student Age: _____ **Troop Leader Name:** _____

Student Address: _____ **Zip:** _____

Parent Name: _____ **Cell Phone:** _____

Parent E-Mail (print): _____

MEDICAL RELEASE: By signing below on behalf of my child, I assume the risk associated with dance instruction/classes and agree that the Pittsburgh Ballet Theatre and its Education Department (PBT) and their respective Board of Directors, faculty, staff, teaching artists and volunteers shall not be liable in any way for any injuries sustained or loss of property while attending a dance class or any related functions. In the event that I am not present at the class, I hereby grant permission to instructional staff to authorize hospital admission and medical, surgical, and emergency treatment, including blood or blood product, transfusions, and diagnostic procedures. Additionally, I grant permission for the administration of anesthesia for the student where medically necessary in case of emergency, accident, and illness and only in the case that the parent or alternate family representative cannot be contacted.

In the art of ballet and other dance forms, a teacher may put their hands on a student to correct the student's posture, the physical line, position of the student's body or part of his/her body, or to help a student hold a position. PBT doesn't tolerate any inappropriate or harmful teacher-student contact. By participating in PBT activities and programs, I acknowledge that PBT teachers/instructors may correct students with physical contact.

Complete the following ONLY if Parent/Guardian will not be present during the class:

Family Physician Name/ Phone: _____

Allergies/Accommodations: _____

Emergency Contact Name/Phone: _____

MEDIA RELEASE: I do hereby give, grant and assign to Pittsburgh Ballet Theatre, Inc., and its assigns, licensees and legal representatives ("PBT") the right, consent and permission to use, publish, copy, reproduce, create digitized images of, adapt, distribute, transmit, broadcast, display, modify and otherwise make use of my (or my minor child, as appropriate) appearance, likeness and form in all forms of media and in all manner now known or hereafter to become known, including electronic media and/or composite representations, for advertising, trade, or any other lawful purpose. PBT shall have the right to exercise such rights with my appearance, likeness and form alone, or with other materials, including, but not limited to, text, data, images, photographs, illustrations, animation, graphics, and video or audio segments of any nature. The rights granted to PBT hereunder are world-wide, irrevocable, perpetual, and assignable. I hereby waive all rights and release PBT and its directors, officers, employees, agents, and independent contractors from, and shall neither sue nor bring any proceeding against any such parties for, any liability, loss, demands, claims, damages or causes of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of my appearance, likeness and form.

USE OF CONTACT INFORMATION:

I grant PBT permission to use my personal information to contact me about upcoming events and promotions.

Signature indicates acceptance of terms and conditions included here.

Parent Signature: _____

Printed Name: _____ **Date:** _____