

**Ballet Class/Pilates Release Form**

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| **Client Information**   |  | | --- | | CLIENTS OR GUESTS MUST COMPLETE THE FOLLOWING RELEASE FORM BEFORE PARTICIPATING IN AN OPEN, COMPANY BALLET, OR PILATES/CONDITIONING CLASS | | | | | | | | | | | | | | | | | |
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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | □ Female | | | □ Male | | | | | Age: | |
| Phone Number: | | | | Home/Cell | | | | | Work | | | | | | | |
| Address: | | Street | | | | City | | | | | | State | | | | Zip |
| Email Address: | | |  | | | | | | Date of Birth: | | | | | |  | |
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| **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Emergency  Contact Name: | | | | |  | | | Relationship: | | | | | |  | | |
| Primary Phone #: | | | | |  | | Alternate Phone #: | | | | | |  | | | |
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| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | |
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| *This section is optional. This information may be helpful for PNB to know in the event of an emergency.* | | | | | | | | | | | | | | | | |
| Allergies: | | | |  | | | | | | | | | | | | |
| Name of Doctor: | | | |  | | Location of Doctor: | | | | |  | | | | | |
| Medical Condition(s): | | | |  | | | | | | | | | | | | |

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| **PNBConditioning CANCELLATION & EXPIRATION POLICY** | | |
| **To avoid a cancellation charge, the participant must give PNB 24-Hour advance notice.** Failure to provide such notice will cause the participant to be liable for 100% of the cost of the scheduled appointment. **All class card purchases have an expiration date of 180 days.** No refunds, transfers, or exchanges will be permitted. We make every effort to ensure the client works with the instructor of their choice, however in the event of an emergency or illness for a scheduled instructor, PNB reserves the right to substitute another instructor without notice. | | |
| Initials: | Date: |  |

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| **Release/Disclaimer:**  **I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING IN, OR WITNESSING ANY PNB BALLET CLASS OR PILATES PROGRAM, OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT PACIFIC NORTHWEST BALLET (PNB) PREMISES. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS, AND RELEASE AND HOLD PACIFIC NORTHWEST BALLET, ITS INSTRUCTORS OR PARTNERS OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.**  In consideration of my participation in and the use of PNB’S facilities, I hereby release and covenant not to sue PNB, its owners, directors, offices, employees, representatives, agents, trustees, and lessees from any and all present claims resulting from ordinary negligence and inherent risk of use of facilities and equipment of PNB including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of Pacific Northwest Ballet. |

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

All applicants must sign. Parents or guardians must co-sign if applicant is under 18.

**Applicant Signature: Date:**

**Parent/Guardian Signature: Date:**