



SLC BALLET CHILDREN'S ACADEMY

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## ADULT OPEN CLASS REGISTRATION

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## INDEMNIFICATION AND RELEASE

I, \_\_\_\_\_, understand that there is some risk of injury inherent in the dance training, educational and recreational activities included in the dance classes and that Salt Lake City Ballet Children's Academy shall not be responsible for any injuries or damages suffered during my participation in the Academy's Adult Open classes.

**INDEMNIFICATION:** Furthermore, I hereby agree to indemnify and hold harmless Salt Lake City Ballet Children's Academy and/or the agents, employees independent contractors, representatives and directors of this institution (collectively, the "Indemnified Parties") for any loss, claim, damage, suit, costs or expenses, including attorneys' fees and court costs, resulting from or arising out of any injury to any person or damage to property, caused by or incurred by myself as a result of or during the Academy's program or any activities in connection with the Academy's program.

**RELEASE:** I do hereby voluntarily waive and release any and all actions, claims and demands for any damage, injury or loss to person or property which may be sustained by myself directly or indirectly whether caused by negligence or otherwise during the course of or as a result of participating in the Academy program.

**I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNIFICATION SHALL BE BINDING ON MYSELF AND MY PERSONAL REPRESENTATIVES AND HEIRS.**

I certify that I have read, understand and agree to the contents of this document.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name of Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*