

# BALLET ARIZONA

Ib Andersen • Artistic Director

Audition # \_\_\_\_\_  
BAZ Office Use Only

## Ballet Arizona Company Registration Form

PLEASE PRINT CLEARLY!!!

DANCERS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

YEARS OF DANCE: \_\_\_\_\_

SCHOOL AFFILIATION(S): \_\_\_\_\_

COMPANY AFFILIATION(S): \_\_\_\_\_

### RELEASE

I recognize the risks of accident or injuries associated with an audition class and acknowledge that I am participating upon the express understanding that I am willing and able to accept full responsibility for my own safety and welfare. I hereby release BALLET ARIZONA and agree to hold BALLET ARIZONA harmless from and against any and all claims and liabilities whatsoever which I may have, arising out of the participation with BALLET ARIZONA, except for those relating from gross negligence or willful misconduct of BALLET ARIZONA. I hereby execute and deliver this release to induce BALLET ARIZONA to permit me to participate in its audition class.

I have read and hereby agree to and accept the aforementioned provisions of this release.

\_\_\_\_\_  
Signature of Auditioner

\_\_\_\_\_  
Date