

BALLET ARIZONA

Audition # _____
SBAZ Office Use Only

Studio Company Registration Form

PLEASE PRINT CLEARLY!!!

DANCERS NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

AGE: _____ HEIGHT: _____ PRONOUNS: _____ VISA STATUS: _____

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