

2023 Recital Security Form

Parent Name: _____

Student Name/s: _____
(As it should appear on T-shirt and program)

Student Class(es): _____

Pickup Person Name: _____
(Required for all students under 10 years of age)

Pickup Person Phone Number: _____

Liability Waiver (Required to participate)

I, _____, parent/legal guardian of _____ (“my child(ren)” or “self”), do hereby give permission for my child to participate in all activities with Iowa Ballet Academy (IBA), and agree that we will comply with IBA’s rules, policies and procedures, as they exist. I assume any and all liability arising out of any injuries sustained by my child while participating in all studio related activities. I agree to hold harmless IBA and its owner, director, employees and guest instructors, from and against any and all liability if my child should become injured while participating in an activity with IBA. If an injury does occur, I give permission for emergency medical treatment to be given by the providers chosen by IBA if I cannot be contacted within reasonable effort. By execution hereof, I do further bind myself, my child, and our respective heirs, executors, administrators, successors and assigns. Executed this _____ day of _____, 20_____.

By signing this form, I consent for my child’s image to be used by the studio for marketing purposes in print and online/social media.

Signature of Parent/Legal Guardian