

# HOUSTON BALLET

Ben Stevenson Academy

## 2012 CHILDREN'S SUMMER WORKSHOP

I am the parent or guardian of \_\_\_\_\_, who desires to attend classes at Houston Ballet's Ben Stevenson Academy (BSA).

### CONSENT TO EMERGENCY TREATMENT

I acknowledge that there are risks inherent in any youth program, including but not limited to injury or death arising from: participation in sports; student's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the controls of the Academy staff. In order to minimize all risks to my student or other participants, I will take responsibility to see that my student is prepared for all activities and is in good health each day of the program.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give permission to the chaperones and staff of Houston Ballet's Ben Stevenson Academy to secure medical treatment for my student. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

### CONSENT TO NON-EMERGENCY TREATMENT

The Houston Ballet has an on-site physical therapist who offers free treatment during the year-round program for students. This appointment must be made through the administrative offices. In certain cases, the physical therapist may recommend a doctor's opinion. By signing this consent form, you will authorize your son/daughter to receive treatment at Houston Ballet Ben Stevenson Academy free of charge. Your son/daughter will not be able to receive on-site treatments or diagnoses of any kind without the consent form on file. Any further non-emergency medical treatments requiring the student to leave the Houston Ballet campus will not occur without written or verbal parental consent.

We hereby give permission for our child/ward to receive non-emergency treatment at Houston Ballet Ben Stevenson Academy by an on-site medical doctor, physical therapist and/or any other healthcare professional.

### HOUSTON BALLET INDEMNIFICATION AND RELEASE

The BSA program includes dance training and educational activities. 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 Houston Ballet shall not be responsible for any injuries or damages suffered by my child, during my child's participation in the BSA's program. I, therefore, consent to my child's participation in BSA's program and I further consent to my child's participation in other activities such as performances in connection with the Houston Ballet.

### INDEMNIFICATION

Furthermore, I hereby agree to indemnify and hold harmless Houston Ballet's Ben Stevenson Academy and/or the agents, employees 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, my child and/or my ward, incurred as a result of or during the BSA's program or any activities in connection with the Houston Ballet program.

### RELEASE

In consideration of Houston Ballet's Ben Stevenson Academy's acceptance of my child in BSA's program, 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, my child and/or ward directly or indirectly during the course of or as a result of participating in the Houston Ballet program. I further understand that this release and indemnification shall be binding on myself, my assigns, my children and/or wards, and my personal representatives and heirs.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact's Name (other than parent)

\_\_\_\_\_  
Emergency Contact's phone number

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

\_\_\_\_\_  
Printed of Witness

\_\_\_\_\_  
Date