Chronicle
DANCE THEATRE

BALLET CLASSES

Registration Form

Participant Information

Full Name _____

Address _____

Email _____ **Phone Number** _____

Emergency Contact

Name _____

Relationship _____ **Phone Number** _____

Dance Background

Years of Ballet Training_____

Current/Most Recent Training _____

Any relevant injuries or health concerns_____

_____

Waiver & Disclaimer

I understand that participation in dance classes and related activities with Chronicle Dance Theatre involves physical movement and carries a risk of injury. I hereby release and hold harmless Chronicle Dance Theatre, its Artistic Director, instructors, staff, and affiliates from any and all claims for injuries or damages sustained while participating in or observing any activity associated with the organization.

I grant permission for Chronicle Dance Theatre to photograph and record classes and performances for educational, archival, and promotional purposes. I understand that my image may appear in print, video, or digital media without compensation, and I waive any rights of ownership or approval of such use.

I have read and fully understand this waiver and sign it voluntarily.

Participant Signature: _____ **Date:** _____