



The Sarasota Cuban Ballet School
4740 Cattlemen Road
Sarasota, FL 34233
Phone: 941-365-8400
www.srqcubanballet.org

2023-2024 Adult Registration Form

Student Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Release, Hold Harmless, and Exculpatory Agreement

Sarasota Cuban Ballet School, Inc., is pleased to have you as a student. Ballet or any type of dance is a wonderful activity for healthy people of virtually all ages and levels of ability. Dance not only improves your strength, coordination, and agility, but also inspires focus, discipline, and improves self-esteem. Above all, participating in our program can be a great family experience. We are excited to have you as a part of our dance family.

However, as in any physical activity, there is an inherent risk of bodily injury or even death. These risks also extend to those present in our facility, even if they are not actively participating in an organized event. Such risks can be minimized through proper instruction, supervision, and education, but strive as we may, such risks can never be eliminated. Your knowledge and appreciation of these risks is extremely important to your making an informed decision.

By signing this document, either individually and/or in the capacity of a natural or legal guardian, you acknowledge that there are inherent risks of bodily injury, psychological injury, or even death in dance, gymnastics, or any physical activity, or in the capacity as a spectator. Because of the dangers of these, I understand the importance of following the teacher's or supervisor's instructions regarding techniques, training, and other rules and agree to obey such instruction. Catastrophic injury, paralysis, or even death can result from the improper conduct of classical ballet, other dance forms, or physical activities. Further, I hereby release, agree to defend and hold harmless, and exculpate the Sarasota Cuban Ballet School, Inc. and its employees, assigned representatives, and administrators from any and all liability for their negligence, as set forth above, and further extends to any defective condition of the premises whether or not known to the Sarasota Cuban Ballet School, Inc. or its officers, administrators, agents, representatives, and employees occurring off premises or during transportation to or from related events or activities.

I have read the above and agree.

Medical Release in Case of Emergency

Emergency Contact Person: _____ Day Phone: _____

Cell Phone: _____ Evening Phone: _____

Relationship to Student: _____

If my emergency contact person cannot be reached, I hereby authorize the Sarasota Cuban Ballet School or its appointed representatives to sign for medical care. I hereby give permission to be treated by an emergency medical technician or other medical professional as deemed necessary by the Sarasota Cuban Ballet School. In the event of a non-emergency medical situation, the Sarasota Cuban Ballet School may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Signature: _____ Date: _____