

BALLET *ballet like you've never seen it before.* FANTASTIQUE

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Adult Program Liability Release Form

DANCER NAME	DOB	AGE
PRIMARY STREET ADDRESS	CITY, STATE, ZIP	
EMAIL ADDRESS	TELEPHONE NUMBER(S)	
EMERGENCY CONTACT NAME, RELATIONSHIP, PHONE		

All Ballet Fantastique correspondence will be sent to the address or email above. Please note that we primarily use email to send information.

*Please indicate ethnicity:

ALASKA NATIVE/AMERICAN INDIAN BLACK/AFRICAN AMERICAN HISPANIC OTHER (INDICATE BELOW)
 NATIVE HAWAIIAN/PACIFIC ISLANDER WHITE/CAUCASIAN ASIAN

* Ballet Fantastique is an equal opportunity institution committed to cultural diversity. We do not discriminate on the basis of race, color, or national/ethnic origin. Though not required, your answer helps us in our non-profit record keeping!

Medical Conditions/History

Please indicate any medical conditions, known allergies, or previous injuries which are relevant or might affect your participation in Ballet Fantastique programs. IF THERE ARE NO CONDITIONS, PLEASE INITIAL HERE: _____

How did you **first** find out about us? (please check one)

FROM A FAMILY MEMBER OR FRIEND PHONE BOOK SAW A PERFORMANCE
 ONLINE SEARCH ENGINE (GOOGLE, ETC.) BALLET FANTASTIQUE WEBSITE OTHER: _____

Why did you **first** choose to come in? (please check all that apply)

SMALL CLASS SIZES PERFORMING OPPORTUNITIES INSTRUCTORS
 CALIBER OF INSTRUCTION LOCATION OTHER: _____
 PRICE REPUTATION

Photo/Video Release

We occasionally use photos in brochures, press releases, and on our website, or performance videos in promotional presentations. DO WE HAVE YOUR PERMISSION TO USE YOUR PHOTO/LIKENESS? YES NO

Liability Release

The undersigned releases Ballet Fantastique from any and all liability that may arise from participation of undersigned in said program. The undersigned hereby requests and permits any hospital emergency department physician, any other physician s/he may designate, and any hospital personnel to render to the participant any medical and/or surgical treatment s/he may require.

SIGNATURE

DATE

Office Use Only