

COMMONWEALTH BALLET COMPANY
2016-2017 CBC Parent Agreement

My child, _____, has accepted the terms and conditions of the Commonwealth Ballet Company's Dancer Agreement and I hereby support her role as a member of the Commonwealth Ballet Company for the 2016-2017 season.

I understand that membership in Commonwealth Ballet is a family commitment. The Company cannot survive without a strong and active parental support base. To sustain the Company requires each family to provide a minimum of 30 hours of participation help in leadership roles over the course of the year, although most families contribute far more hours. I commit to meeting this participation requirement.

I will abide by and assist my child to abide by the following policies of CBC:

- I understand that all casting decisions are the exclusive responsibility of the choreographer and the CBC Artistic Director, all casting decisions are final, and I will not challenge such decisions.
- I understand that casting decisions are not made as a consequence of parental involvement in the Company. Casting decisions are solely based on the artistic requirements of the piece, the skills of the available dancers, and constraints of scheduling.
- I understand that my child may be asked to take time off from school with my consent, once or twice per semester so that she/he may perform in lecture-demonstrations during school hours.
- I understand that casting of roles may be affected by my child's ability to meet the rehearsal schedule for those roles.
- I understand the importance of my child's meeting all rehearsal requirements and I will request rehearsal or performance absences in writing at least 4 weeks ahead of time. I understand that such requests will only be granted in limited, extenuating circumstances at the discretion of the Artistic Director.
- I understand the importance of habits that contribute to my child's overall physical and mental health. I understand that maintaining proper weight, neither underweight nor overweight, is a condition of membership in CBC. I will inform the Artistic Director of any issues that may affect my child's health as a dancer, including injuries, eating disorders, harmful dietary actions, or inadequate nutrition.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

Attachments: Photo Release
Waiver of Liability Agreement

COMMONWEALTH BALLET COMPANY

Photo/Video Release

I hereby give permission to the Commonwealth Ballet Company (CBC) and its legal representatives and assigns to use and publish images of my child, _____, captured during Commonwealth Ballet performances and activities through video, photo and digital camera, in CBC's promotional materials, advertising, website entries, and publications.

I hereby authorize the Commonwealth Ballet to edit, alter, copy, exhibit, publish or distribute any photo for purposes of publicizing CBC's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the likeness appears.

I waive any right to royalties or other compensation arising or related to the use of such photographs.

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

COMMONWEALTH BALLET COMPANY

Indemnification and Waiver of Liability Agreement

I/we (the dancer and parent/guardian) recognize and acknowledge that there are certain risks of physical injury associated with the participation in any program, class, performance or activity (“Programs”) offered, operated or facilitated by Commonwealth Ballet Company, Incorporated (“CBC”), and that despite precautions, accidents and injuries may occur. By signing this Indemnification and Waiver of Liability Agreement (“Agreement”), I/we assume all risks related to the participation in the Programs including the use of any and all spaces and facilities where such Programs take place. I/we acknowledge and understand that attending, participating, or assisting participation in any of the Programs may involve strenuous physical exertion, require a significant degree of skill and experience, and could be physically hazardous or dangerous. I/we hereby represent and warrant that I have the physical ability and skills necessary to participate in the Programs and do not have any limitation, condition, or problem that would inhibit my ability to participate properly and safely. I agree to waive and relinquish all claims I/we may have, as a result of participating in the Programs, against CBC and its directors, officers, agents, servants, employees, volunteers, independent contractors and facilities used by CBC. I further agree to indemnify, hold harmless and defend CBC and its directors, officers, agents, servants, employees, volunteers, independent contractors and facilities used by CBC from any and all claims resulting from injuries, damages, or any other loss that I/we may sustain that arise out of, in connection with, or are in any way associated with the activities of the Programs.

Dancer’s Name (Please print)

Age

Dancer’s Signature

Date

If Dancer is under 18 years of Age:

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date