

IBT Parent Contract~Performance

Name(s) of Performer's: _____

Name(s) of Parent(s): _____

We ask that you read and sign this paper that says that you understand the expectations of Indiana Ballet Theatre and the role you play in making this a successful and enjoyable production.

1. You acknowledge that Indiana Ballet Theatre (studio, classes, all rehearsals, and performance venues) is a PEANUT and TREE NUT FREE ZONE! If a dancer/parent/volunteer is found to have item(s) containing PEANUT or TREE NUTS the item will be confiscated by IBT and disposed of. You will be a positive role model.
2. You will be prompt when dropping off and picking up your performer(s).
3. You understand that this entire production is run by volunteers and will be respectful to other volunteers.
4. If a performer misses more than 3 rehearsals, they maybe asked to drop and their part will be re-cast.
5. Your family MUST volunteer for at least 1 position or your performer will be asked to drop.
6. You will follow the rules at the Venues:
 - a. You will not video tape Dress Rehearsal/Shows.
 - b. You will NOT stay in the auditorium without a backstage pass during the dress rehearsal. You will be asked to leave.
 - c. You will not be allowed backstage without a backstage pass for the performance(s) that you were assigned to.
 - d. You will NOT ask for exceptions.
 - e. You will NOT use flash photography in the auditorium (Contracted photographers may)
 - f. You will be prompt when picking up your child.
 - g. Volunteers are NOT required to stay longer than 20 minutes after the performance. We will NOT be responsible for performers not picked up on time.
 - h. If you are asked to leave the auditorium at any time, you will do so in a respectful, pleasant manner.
7. If you are assigned a task, you will perform the task to the best of your ability and will follow the guidelines assigned to you.
8. Performers will rehearse dressed in appropriate dance wear. NO T-Shirts, sweats, jeans or street shoes, with their hair off their faces in barrettes, a ponytail or a bun.
9. A parent or family member MUST attend a MANDATORY parent meeting. Please bring the Swan Lake Performance Fees with you. Parts will not be released until fees are paid.
10. YOU WILL NOTIFY IBT IF YOU CHOSE NOT TO ACCEPT YOUR ROLES OR CHOSE TO DROP FROM THE PRODUCTION!
11. At NO TIME will parents/volunteers take photographs in the wings (Side of the stage) or at any point of time during the time of the cast photo. This can result in the parent being removed from their volunteer position backstage.

(parent signature and date)

Medical Release in Case of Emergency

Student's Name _____ Emergency Contact Person _____

Relationship to Student _____ Cell # _____ Home # _____

I will be contacted in the event of a medical emergency. If I cannot be reached, my emergency contact Person will be notified. If I cannot be reached, I hereby authorize Indiana Ballet Theatre or its appointed representatives to authorize medical care. I hereby give permission for my child to receive emergency treatment from a medical professional recommended by Indiana Ballet Theatre if I cannot be reached. In the event of a non-emergency medical situation, Indiana Ballet Theatre may recommend a medical professional for care. The decision whether to consult a medical professional for non-emergency care will be my decision.

Parent/Guardian Signature _____ Date _____

Liability Waiver

I understand that Indiana Ballet Theatre is not responsible for any injuries sustained prior to the beginning of rehearsals. I recognize that my child's participation may expose him/her to the risk of injury or harm. I accept this risk and hereby release Indiana Ballet Theatre, its agents and employees from all liability for personal injury, illness, or property damage occurring during instruction or performance, whether or not caused by negligence of Indiana Ballet Theatre, its agents or employees. I understand that any studio, gymnasium, or theater is not accountable for any injury, illness, or property damage occurring during instruction or performance whether or not caused by negligence of its agents or employees. I certify that my child is in good health and capable of participating in all of the activities and performances. I understand that dance instruction involves kinetic corrections to the body that may involve physically touching the student as part of regular class work and rehearsals. I fully understand that the use of alcohol, tobaccos, illegal drugs and/or demonstration of unacceptable standards of behavior will result in the dismissal of my child from the program with no tuition refund.

Parent/Guardian Signature _____ Date _____

Media Release

Having consented to the participation of my child in rehearsals and performances at IBT, I understand that during such participation, my child or my child's group may be photographed or videotaped for educational, news, media, and/or promotional purposes. I hereby give IBT permission to release pictures, video and/or other communication that may include me or my child to the media including, but not limited to, newspapers, radio or television coverage of IBT classes and events, and to the use of such images in IBT newsletters, bulletin boards, website and any other internet presence. By signing this Media Release, I represent that I have legal authority over and custody of the Student named herein, and I give IBT permission to use my child's name/likeness as outlined above.

Parent/Guardian Signature _____ Date _____

Refund Policy

There will be no refunds of Swan Lake Performance Fees once this contract is signed.

Parent/Guardian Signature _____ Date _____