

NEW HAVEN BALLET

Artistic Director Lisa Sanborn

OPEN DIVISION REGISTRATION WAIVER/TUITION PAYMENT/RELEASE

If you wish to pay by Credit Card, enter your information below.

There is a \$25.00 charge for returned checks. Students are eligible for a pro-rated tuition refund on Open Division class cards only if they withdraw from classes due to prolonged illness or severe injury, verified by a doctor's certificate.

Please make checks payable to NEW HAVEN BALLET.

Please charge my credit card the amount of \$ _____ (Visa/Mastercard)

Name on Card _____

Account # _____ CVV _____ Exp. Date _____

Please return this form to:

Registrations, New Haven Ballet, 70 Audubon Street, New Haven, CT 06510

NEW HAVEN BALLET POLICY ACKNOWLEDGEMENTS

Please read the following terms & conditions and sign below.

Photo Waiver: I hereby irrevocably consent to and authorize the use or reproduction by New Haven Ballet of any and all photographs, recordings, videotapes and/or other reproductions or likenesses of the student's person or characteristics ('reproductions') which have been secured by or for New Haven Ballet, for any purpose whatsoever, without compensation to the student. All reproductions shall constitute the property of New Haven Ballet, solely and completely. Further, I assign and release all rights to said reproductions to New Haven Ballet and authorize New Haven Ballet, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions to or in newspapers, closed circuit television, website, film, cable, television, internet, and any other communications medium, with or without compensation in perpetuity. I also release, discharge, and agree to hold harmless New Haven Ballet or any persons, or entities acting under its permission or authority from any liability arising from the use of said reproductions.

Liability Waiver: I am aware that all forms of dance and the rigorous exercises associated with it place unusual stresses on the body and carry with them the possible risk of physical injury. I assume this risk and agree that New Haven Ballet, its employees and agents and the owners/lessees of New Haven Ballet facilities shall not be liable in any way for injuries I sustain while a student at New Haven Ballet.

Nonsolicitation: I understand that solicitation for any purposes (whether commercial or noncommercial) of other New Haven Ballet students and/or families (whether they are affiliated with the Children's, Student, and/or Adult/Teen Open Division, or any other New Haven Ballet program) is unacceptable and impermissible. I further understand that violation of this policy may result in the imposition of sanctions, up to and including expulsion, in the sole and absolute discretion of New Haven Ballet.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND AGREE TO THE POLICIES, TERMS AND CONDITIONS ABOVE:

Signature: _____ **Date:** _____

(Parent/Guardian or Student if over 18 years)

Office Use Only:

Registration Form Received: _____ Registration Entry Updated: _____ Check # _____