

E D M O N D ' S N U T C R A C K E R

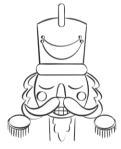
AUDITION #

Audition Registration & Evaluation

Student Name:
DOB: Age: Height:
Parent/Guardian Name:
Address:
City, State, Zip:
Phone: Email:
Current Dance School/Main Teacher:
Years Dance Training: Current Level:
Current Academic School:
Grade: Release Time: District:
Known Scheduling Conflicts:
Registration Fee: \$35 I have already registered online Create an account for me
Please select the maximum number of roles in which you can commit to participate:
Number of Roles:1 Role (\$90)2 Roles (\$175)3 Roles (\$255)4 Roles (\$330)
Paying by: CheckCash Account

Liability Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, as a parent or legal guardian of Client's full name (hereinafter "Minor") hereby grant the permission necessary to allow Minor to participate in Oklahoma Youth Ballet, LLC's programs (hereinafter "Program"). I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless Oklahoma Youth Ballet, LLC and any entity on whose premises the Program will occur, (hereinafter the "Campus") the affiliates of Oklahoma Youth Ballet, LLC and the Campus, and the respective directors, officers, representatives, members, agents, and employees of Oklahoma Youth Ballet, LLC, the Campus, and their respective affiliates (hereinafter collectively "Releasees") from any and all liability for negligence or any other claim judgment, loss, liability, cost, and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Program, including any claim arising out of or connected with the Program and while traveling to and from the site for the Program whether or not the Program actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors, and administrators against loss from any further claims, demands, or actions that may subsequently be brought by Minor or by any other person on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.



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Medical Release

I acknowledge and agree, on my own behalf and on behalf of the Minor, that such participation subjects the Minor, to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Program. In the event of such illness or injury, I authorize Oklahoma Youth Ballet, LLC to obtain necessary medical treatment for the Minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless Releasees in exercising this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Program and while traveling to and from the site for the Program whether or not the Program actually occurs.

Appearance Agreement

I understand that from time-to-time Oklahoma Youth Ballet, LLC produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Program the Minor may be included in videotapes or photographs taken during the Program. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Oklahoma Youth Ballet, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photography and/or video of the Minor and to utilize such video and photographs and Minor's name, face, likeness, voice, and appearance as part of the Program, in advertising and promoting the Program or in advertising and promoting similar future events. I further understand that neither Oklahoma Youth Ballet, LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses, and privileges.

Program Rules

I further acknowledge and understand that Oklahoma Youth Ballet, LLC has established rules and regulations pertaining to the conduct, behavior, and activities of all Program participants, by which the Minor and I agree to abide during the Program, and that Minor and I will be responsible for her/his/my failure to abide by those rules and regulations. Minor and I have received, read, and understand the Program rules. Minor and I understand that violation of the rules and regulations can result in a dismissal from the Program with no refund.

Refunds and Exchanges

Refunds may be offered at the sole discretion of Oklahoma Youth Ballet's Artistic Directors for students who withdraw from participation due to illness or injury. Oklahoma Youth Ballet may require a note from your physician regarding the illness or injury for which you are requesting a refund. There are no refunds for scheduling conflicts, holidays, and the like. However, Oklahoma Youth Ballet, at its sole discretion, may offer a tuition credit for extenuating circumstances.

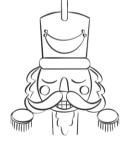
Dance Studio Pro Account

I hereby agree to the creation of a Dance Studio Pro account for Oklahoma Youth Ballet in my name if one does not currently exist for the purpose of maintaining a database of information pertaining to my or my child's participation in Edmond's Nutcracker or other programs offered by Oklahoma Youth Ballet and/or its affiliates and subsidiaries. I also agree to be charged for any unpaid roles in which I have agreed to participate as shown on this form.

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read these Terms and Conditions in their entirety and fully understand their contents. I, on my own behalf and on behalf of the Minor, am aware that these Terms and Conditions release Releasees from liability and contain an acknowledgment of my voluntary and knowing acceptance.

Signature

Date



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FOR Oklahoma Youth Ballet faculty USE ONLY:

AUDITION #

Other Comments:

Role(s) Assigned:

405-757-7097 info@oklahomayouthballet.com