



ARTISTRY TAKES FORM

## 2019-20 GUEST WAIVER FORM

### Guest Student's Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_

*If guest student is under 18 years old:*

Parent/Guardian 1 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Does the above guest student have any special needs? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED FOR ADMISSION INTO THE MILWAUKEE BALLET SCHOOL & ACADEMY.**

*I hereby release Milwaukee Ballet School & Academy, its agents and employees, from all liability for personal injury, illness or property damage occurring on or off Milwaukee Ballet School & Academy premises, whether or not caused by the negligence of the Milwaukee Ballet Company and School, its agents or employees. I have read the registration information and understand the School's policies as outlined. I understand that I am responsible for tuition payments as described. I certify that I am in good health and capable of participating in all school activities and classes. I hereby give permission to the Milwaukee Ballet School & Academy to take photographs or video of me/my child to be used in Milwaukee Ballet and Milwaukee Ballet School & Academy promotional materials.*

\_\_\_\_\_  
Guest's Signature (18 +) or Parent's/Guardian's Signature (under 18)

\_\_\_\_\_  
Date

Deliver to: **Milwaukee Ballet School & Academy Administration Office | 128 N Jackson St, Milwaukee, WI 53202**