

**2019 Lincoln Midwest Ballet Company  
Medical Authorization and Indemnification**

DANCER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE (as of 9/20/19 Nutcracker Auditions) : \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

**Please list any medical conditions your child has, including asthma, allergies, diabetes, etc., as well as any other emergency plans we would need to know about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Staff will not dispense any medication, over-the-counter or prescription.**

The undersigned parent/guardian does hereby authorize Lincoln Midwest Ballet Company, a Nebraska Non-Profit Corporation (hereinafter referred to as "Company") and its officers, directors and representatives to provide whatever medical attention your child (you) may need or require during his/her/your participation in company activities, rehearsals, and performances. The undersigned agrees to be responsible for and to pay on a timely basis any and all medical bills or other related bills incurred as a result of the medical needs of the aforementioned. Additionally, the undersigned agrees to hold the Company harmless and to indemnify said Company from any and all claims, expenses, or other liabilities resulting from any injury and/or illness to the aforementioned while attending the Company's 2019 Summer Audition Workshop.

I further acknowledge that I am fully aware of the potential risks and dangers in participating in the Lincoln Midwest Ballet activities and have read this release and understand all its terms, provisions and I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lincoln Midwest Ballet Company  
2019 Audition Workshop Photography Release**

This signed form will serve as permission for: \_\_\_\_\_ (Student's name) to have pictures or videos of them in Audition Workshop classes, used for promotional purposes in future print, digital and social media associated with Lincoln Midwest Ballet Company.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_