

MEDICAL AUTHORIZATION & INDEMNIFICATION

The undersigned parent/guardian/performer does hereby authorize Lincoln Midwest Ballet Company, a Nebraska nonprofit corporation (hereinafter referred to as “Company”) and its officers, directors and representatives to provide whatever medical attention or needs his/her/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 rehearsals, performances, and activities.

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

I understand that my name and/or picture may be used by LMBC.

Mandatory Dates – No absences are allowed for the following:

Dress rehearsals – Thursday and Friday, **December 12 & 13**

Performances – Saturday and Sunday, **December 14 & 15**

Failure to comply with schedule requirements or any company policy can result in the forfeiture of your role in the production and your position with the Company. Be sure your personal schedule and priorities will allow you to participate in our production.