

**CATSKILL MOUNTAIN FOUNDATION'S  
ORPHEUM DANCE PROGRAM  
COMMUNITY BALLET CLASS**

PLEASE PRINT CLEARLY:

Name: (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Name of Parent/Guardian (if participant is under 18 years old): \_\_\_\_\_

Address: (Physical): \_\_\_\_\_

(Mailing): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

School Name: \_\_\_\_\_

Experience (check one): Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Phone: (mark preferred number) (Mobile): \_\_\_\_\_ (Home): \_\_\_\_\_

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**Waiver and Release of Liability:**

I am fully aware that participation in a ballet and theatre production involves strenuous and potentially dangerous activities that may cause bodily injury and/or property damage. In consideration of my application for and participation in this activity, I hereby waive, release and discharge from any and all liability the Catskill Mountain Foundation, Peter and Sarah Finn, and Victoria Rinaldi, and agree to indemnify and hold these parties harmless from any and all liability or claims made as a result of my participation in this activity.

I also agree and understand that Catskill Mountain Foundation reserves the right to film, photograph, and document the likeness of program participants for inclusion in its promotional materials and publications.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Parent/Guardian (if participant is under 18 years old): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**COVID/Medical Consent:**

In case of emergency, I authorize Catskill Mountain Foundation and/or Victoria Rinaldi to contact medical emergency personnel on my behalf.

For my safety and the safety of others, I will comply with all state and local requirements regarding COVID-19 protective measures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_