

**THE AUSTIN CITY BALLET  
MEDICAL RELEASE AND WAIVER OF CLAIM 2024**

Student Name \_\_\_\_\_ Student DOB \_\_\_\_\_  
Home Address: Street \_\_\_\_\_  
City \_\_\_\_\_ TX Zip Code \_\_\_\_\_

Please list all known allergies, existing illnesses or injuries, hospitalizations during the past 12 months, any medications prescribed for long-term continuous use or any other medical condition affecting the treatment of Student.

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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff at The Austin City Ballet to take Student to:

Physician: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Medical Facility: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

OR to his or her substituting physician OR to any hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the above waiver and have provided the Austin City Ballet with all pertinent information (contact names and phone numbers) in case of emergency, and I will update this information as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For and in consideration of the acceptance of Student named below for instruction with The Austin City Ballet (hereinafter referred to as "ACB"), the undersigned guardian hereby releases ACB from any claim which may be asserted by the undersigned, or which may be asserted on behalf of said Student on account of personal injuries or property damages occurring on the premises of ACB. The undersigned is familiar with the methods of instruction used at ACB and the undersigned assumes all risks which may be involved in normal activities with ACB.

The undersigned expressly agrees that ACB and its personnel may, when deemed necessary and in the best interest of the student, administer first aid and obtain appropriate medical or surgical treatment for the Student, when the consent of the guardian may not be possible or practical to obtain.

The undersigned also releases any person, whether directly connected with ACB or not, who may transport Student to outside performances, competitions, field trips, or any other activity outside our facility, from all claims which may arise by virtue of injury to the Student while on such outside activities, it be understood that the Student will be the guest of those transporting them.

Signature \_\_\_\_\_ Date \_\_\_\_\_