



EDWAARD LIANG  
ARTISTIC DIRECTOR

# Company Audition Registration Form

Number
For official use

<b>Audition City:</b>	<b>Today's Date:</b>
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**I would like to be considered for (circle all that apply):**

Company    
  BalletMet 2 (age 18-23)    
  Trainee Program (age 12-21)    
  Summer Intensive (age 8-21)

<b>Name:</b>	<b>Current AGMA member?</b>	Yes	No
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**Street Address:**

**City/State/Zip:**

<b>Phone:</b>	<b>Email:</b>
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<b>Date of Birth:</b>	<b>Age:</b>	<b>Height:</b>	
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<b>Gender:</b> Male    Female    Non-Binary  Other Form of Gender Self Identification: _____	<b>Are you authorized to work in the United States?</b> Yes                  No
	<b>Are you authorized to study in the United States?</b> Yes                  No
	What is your authorization? _____

**Professional Experience**

1.

2.

3.

**References (please include full name and contact information)**

1.

2.

3.

**How did you hear about BalletMet auditions?**

BalletMet social media    
  Friend \_\_\_\_\_    
  Flyer/Poster  
 BalletMet website    
  Teacher \_\_\_\_\_    
  Other \_\_\_\_\_

## **BalletMet 2020-21 Audition Liability and COVID 19 Release and Treatment/Media Authorization**

I am aware that dancing and the exercises associated with it, including dancing through virtual learning, may place unusual stresses on the body and carry with it the risk of physical injury and illness. On behalf of my child and myself (and, if I am no longer a minor, on my own behalf), I assume this risk and agree that Ballet Metropolitan, Inc. ("BalletMet") shall not be liable in any way for injuries, illness, or loss/damage of personal property, sustained during participation in BalletMet activities or any of its related functions. This instrument is given on my own behalf if I am the participant and on behalf of my child and myself, if my child is the participant, and extends to our executors, administrators, heirs and assigns.

I am also aware that there is currently a pandemic due to the COVID 19 coronavirus. COVID 19 is an infection that is transmitted in a number of ways and I understand that by participating in BalletMet activities it is possible that I (or my child) may be exposed to COVID 19 which is potentially dangerous and could lead to personal illness and/or injury. I also understand that I will have to certify that I (or my child) am/is not experiencing any COVID 19 symptoms before entering BalletMet studios and if at any time I (or my child) experience feeling ill and/or any pain or discomfort during BalletMet activities, I will notify the instructor and/or BalletMet staff.

I grant my child or ward permission to participate in BalletMet activities. I acknowledge that I or my child or ward am/is physically fit and has no health issues or illness that preclude me or my child or ward from participating in BalletMet activities. I hereby release and discharge BalletMet, its agents, employees, representatives, trustees, and officers (collectively BalletMet Representatives) from all claims, demands, actions, judgments, and executions which I, the participant and our heirs, executors, administrators or assigns may have, or claim to have, against BalletMet, their successors or assigns for all claims for loss, damages, expenses, personal injuries and/or illness, caused by or arising from, the participants participation in BalletMet activities, including exposure to COVID 19, or any activities related thereto. I also agree to hold harmless and indemnify the BalletMet Representatives from and against any and all claims, including claims of negligence, which arise in any manner out of the participant's participation in the BalletMet activities, including exposure to COVID 19 or other illnesses. I understand that by signing this instrument, I would ultimately bear the loss if I should successfully sue and recover damages from the BalletMet Representatives. I understand and agree the BalletMet may create recordings during the activities by photo, video, digital recording, or otherwise. I authorize BalletMet to use such recordings for any purpose they deem. Uses may include publicity, promotions editorial, and related marketing purposes.

Further, I grant BalletMet, its agents, and employees, permission to authorize any emergency medical treatment that maybe required for my child or ward during BalletMet activities.

I have read the BalletMet 2020-21 Audition Liability and COVID 19 Release and Treatment and Media Authorization and acknowledge and understand all of its terms. \*

I am over 18 years of age

I am the Parent or Guardian of the Participant (If participant is under 18)

Signature \*