

BALLETMET STAFF ONLY:  
Final Audition Number (If Applicable):  
Result:

Preliminary Audition Number:  
Result:



## BALLETMET DANCE ACADEMY *DISCOVER DANCE* SCHOLARSHIP STUDENT AUDITION FORM

Parents or guardians should complete this form with all current student information and return to your school's main office by **one week before your in-school audition**. **Parents are NOT invited to attend the in-school audition**. Students are encouraged to dress in comfortable clothes for movement. They will be asked to take off their shoes. Students may audition in socks or barefoot. **To register for the Zoom audition, please complete and return this form to Cheridy Saunders: [csaunders@balletmet.org](mailto:csaunders@balletmet.org) by Monday, March 28<sup>th</sup>.**

### 1) Audition Information – Please check off which audition you will attend

Zoom Community Audition – Monday, April 4, 6:30-7:30pm: \_\_\_\_\_  
In-Person Community Audition 1 – Tuesday, April 5, 6:00-7:30pm: \_\_\_\_\_  
In-Person Community Audition 2 – Saturday, April 9, 5:00-6:30pm: \_\_\_\_\_  
In-school audition (list school and date of scheduled audition): \_\_\_\_\_

### 2) Personal Information- PLEASE PRINT CLEARLY

Student Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Mailing Address (Required) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Parent/Guardian Email (Required if applicable) \_\_\_\_\_

Parent/Guardian Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Does Student have previous dance training? \_\_\_\_\_ If so, where? \_\_\_\_\_

Has Student participated in BalletMet's *Soar on Saturdays* Program? Yes No

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Current School Teacher \_\_\_\_\_

Does any member of your household qualify for Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits? (please circle one) Yes No Unknown

Briefly explain any special circumstances or health issues. (Use the reverse side if necessary.)

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# BALLET METROPOLITAN INC.



## CONSENT TO PARTICIPATION, RELEASE AND AUTHORIZATION

THIS TWO-SIDED FORM MUST BE COMPLETED TO PARTICIPATE IN BALLETMET ACTIVITIES

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**(NAME OF PARTICIPANT- PLEASE PRINT)**

I am aware that dancing and the exercises associated with it may place stresses on the body and carry with them the risk of physical injury including dancing through virtual /distance learning. Please make sure you always dance in a safe place. 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 or illness or loss /damage of personal property sustained during participation in BalletMet activities, including virtual/distance learning 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 grant my child or ward permission to participate in BalletMet activities, including activities involved in dancer classes, virtual/distance learning, education and research. I hereby release and discharge BalletMet and School, their agents, boards, employees, representatives, trustees, and officers (collectively "Released Parties") from all claims, demands, actions, judgments, and executions ("Claims") which I, the participant and our heirs, executors, administrators or assigns may have, or claim to have, against the Released Parties, their successors or assigns, for all claims for loss, damages, expenses, and personal property or bodily injuries or illness caused by or arising from, the participant's participation in BalletMet activities or any activities related thereto, even if the Claim was caused, or alleged to have been caused, by the negligence of the parties being released, be it active, passive, simple or gross, or alleged as such. I also agree to defend, hold harmless and indemnify the Released Parties from and against any and all such Claims, including claims of negligence, which arise in any manner out of the participant's participation in the BalletMet activities, even if the Claim was caused, or alleged to have been caused, by the negligence of the parties being released, be it active, passive, simple or gross, or alleged as such. I understand that by signing this instrument, I would ultimately bear the loss if I should successfully sue and recover damages from the Released Parties.

I understand and agree that BalletMet may create recordings during the activities by photo, video, digital recording, or otherwise. I authorize BalletMet to use such recordings and/or data for any purpose it deems appropriate. Uses may include publicity, promotions, research, editorial, and related marketing purposes.

The participant has no medical condition and has not had a recent injury that would prevent the participant from participation other than noted below. I will notify BalletMet promptly if such a medical condition or injury occurs that prevents the participant's participation.

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it in consideration of BalletMet allowing the participant to participate in the activities, voluntarily and with full knowledge of its significance. I have executed this release/authorization on the date stated below.

***\*\*Please sign on reverse side\*\****



## COVID 19 Addendum to 2022 Dance Reach Audition Liability Waiver and Treatment and Media Authorization

DANCE ACADEMY

This Addendum is made the date set forth below to the 2022-23 Ballet Metropolitan, Inc. Liability Waiver and Treatment and Media Authorization I signed on \_\_\_\_\_, 2022 ("Original Waiver"). I understand that I (if I am over 18 years of age) or my child (if child is under 18 years of age) has been asked by Ballet Metropolitan, Inc. ("BalletMet") to audition for BalletMet's Dance Reach program and 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 the Dance Reach Audition it is possible that my child may be exposed to COVID 19 which is potentially dangerous and could lead to personal illness and/or injury.

I understand that I will have to certify that I (or my child) am not experiencing any COVID 19 symptoms before entering the BalletMet audition space and if at any time I experience feel ill and/or any pain or discomfort during the audition I will notify the instructor and/or BalletMet Staff or if a child will have the child and/or guardian notify the instructor and/or BalletMet Staff.

On behalf of myself or my child (if child is under 18 years of age) I assume the risk of attending the Dance Reach Audition during the COVID 1 pandemic and agree that ("BalletMet") shall not be liable in any way for illness and/or injuries sustained during the Dance Reach audition.

This Addendum 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 my or my child's executors, administrators, heirs and assigns.

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, and personal injuries caused by or arising from, the participants participation in the Dance Reach audition. 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 Dance Reach audition. 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, the undersigned, agree that the Original Waiver shall be amended to include the above and that I have read the Original Waiver and this Addendum and understand all of their terms. I have read or discussed with my child the above if the Participant is under 18 years of age. I execute this Addendum in consideration of BalletMet allowing me or my child to participate in the Dance Reach audition, voluntarily and with full knowledge of its significance. I have executed this Addendum on the date stated below.

\_\_\_\_\_  
Signature of Guardian of Participant

\_\_\_\_\_  
Date: MM/DD/YY

\*By typing your name, you agree that this is a legal document and your typed name represents your signature.

\_\_\_\_\_  
Print Name