

## HOW TO REGISTER

Print and mail completed form with check, payable to  
*New York City Ballet*, and mail to:

New York City Ballet

ATTN: Dance Wellness Workshop

Samuel B. & David Rose Building, 8th Floor

70 Lincoln Center Plaza

New York, NY 10023-6579

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone Business Phone \_\_\_\_\_

Email \_\_\_\_\_

### Registration Fees\* (please check one)

#### Early Bird Savings (Fees received before October 1)

\$25.00 Student Admission

(please provide a photocopy of valid Student I.D.)

\$40.00 General Admission

#### Standard Registration (Fees received after October 1)

\$35.00 Student Admission

(please provide a photocopy of valid Student I.D.)

\$50.00 General Admission

\*All participants will be asked to read and sign an **ASSUMPTION OF RISK AGREEMENT, WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

– see below.

**ASSUMPTION OF RISK AGREEMENT, WAIVER, RELEASE OF LIABILITY  
AND INDEMNITY AGREEMENT**

THIS IS A LEGAL DOCUMENT. READ ALL 2 PAGES OF THIS FORM BEFORE COMPLETING. If participant is under 18 years of age, PARENT/GUARDIAN must also initial and sign where indicated.

WHEREAS, I (your name) \_\_\_\_\_, residing at \_\_\_\_\_ (your address) \_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_ ("Participant") am not an employee of New York City Ballet, Inc. ("City Ballet"), City Center of Music and Drama, Inc. ("CCMD"), or Lincoln Center for the Performing Arts, Inc. ("Lincoln Center"), but desire to engage in instructional classes, rehearsals, dancing, and related activities, including without limitation participation in all activities and events associated with the Dance Wellness Workshop (collectively referred to as the "Activities"), utilizing space and facilities of City Ballet, CCMD, and/or Lincoln Center;

NOW, THEREFORE, in consideration of the benefits of my being permitted to participate in the Activities and to use such space and facilities, and for other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

**RELEASE OF LIABILITY.** I, for myself, my heirs, executors, and administrators, do hereby exempt, release, and forever discharge City Ballet, CCMD, Lincoln Center, and their officers, agents, servants, employees, instructors, landowners and the lessees and licensees of premises on which the Activities are conducted (collectively, the "Released Parties") acting within the scope of their employment or otherwise, from, and do also hereby waive, any and claims, demands, expenses, suits (including reasonable attorneys' fees), and liabilities of any nature whatsoever, whether anticipated or unanticipated, on account of my death or on account of any injury to me or damages to my property that may occur from any cause whatsoever during or arising out of my use of space or facilities of City Ballet and the other Released Parties arising out of my travel to and from such space or facilities, whether the cause be the negligence of any other Released Party, or otherwise.

**ASSUMPTION OF RISK.** I do hereby also assume all risks of any liability for injury or damages to my person or property or of injury to damages to my person or property or of injury resulting in my death, however caused and whether by negligence or otherwise, that may occur during or in connection with my participation in the Activities, my use of the space or facilities of City Ballet and the other Released Parties, or during or arising out of my travel to and from the Activities.

**INDEMNITY.** I, for myself, my heirs, executors, and administrators, do hereby agree to protect, indemnify, and hold harmless City Ballet and the other Released Parties from and against any and all claims, demands, expenses, suits (including reasonable attorneys' fees), and liabilities of any nature whatsoever, whether anticipated or unanticipated, that may arise as a result of or in connection with injury, death, or damages, including but not limited to property damages, however caused and whether by negligence or otherwise, that may occur during or arising out of my participation in the Activities, my use of the space or facilities of City Ballet and the other Released Parties, or arising out of my travel to and from the Activities.

**WAIVER.** I CERTIFY THAT I HAVE CAREFULLY READ ALL 2 PAGES OF THIS RELEASE, ASSUMPTION OF RISK AGREEMENT AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTAND ITS CONTENTS. **I UNDERSTAND THAT BY ENTERING THIS AGREEMENT, I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS TO WHICH MY MINOR CHILD OR I MAY OTHERWISE BE ENTITLED.**

**NO ORAL MODIFICATION.** This Agreement may not be changed orally.

**GOVERNING LAW.** THIS AGREEMENT IS TO BE INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK.

**REPRESENTATIONS AND WARRANTY.** I hereby represent and warrant that:  
(Indicate the applicable selection by providing initials in the appropriate space.)

I, the Participant, am **18 years of age or over** and will be participating in the Activities and using such space and facilities entirely upon my own initiative, risk, and responsibility.

\_\_\_\_\_  
*Initials of Participant, who is 18 years of age or over*

OR, if the Participant is **less than 18 years of age**, I am the LEGAL GUARDIAN of the Participant, and I have the legal capacity and authority to act for and on behalf of the Participant.

\_\_\_\_\_  
*Initials of LEGAL GUARDIAN of minor child Participant*

***If the Participant is less than 18 years of age, the LEGAL GUARDIAN of the Participant hereby agrees to the following terms:***

**PERMISSION AND ASSUMPTION OF RISK.** The minor child named in this Agreement as the Participant has my permission to participate in the Activities and to use the space or facilities of City Ballet and the other Released Parties, and I agree for myself and my minor child to be bound by the terms and conditions of this Agreement. I, as legal guardian, agree to assume all risks of liability for injury to any person, including death, and for damage to any property, however caused, and whether by negligence of any Released Party or any other person, or otherwise, that may occur during or in connection with the Participant's participation in the Activities, the Participant's use of the space or facilities of City Ballet and the other Released Parties, or during or arising out of the Participant's travel to or from the Activities.

IN WITNESS WHEREOF, I have hereunto set my hand this 16<sup>th</sup> day of October, 2010.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent/Legal Guardian (if under 18 years of age)    Printed Name of Parent/Legal Guardian (if under 18 years of age)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name of Witness

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