The Cecchetti Council



Of America

Release and Waiver of Claims

by	on the	day of	<u>, 2</u> ,
The undersigned, for himself/herself, his/her person releases, forever discharges and covenants not to su companies, subsidiaries, officers, directors, successo liabilities, claims, demands or causes of action of an unknown, whether caused by the negligent act or or	ue the Cecchett ors, employees, y nature, to the	i Council of Amer agents, and instre undersigned, wh	rica, its affiliate ructors, from any and all nether known or
The Undersigned agrees to indemnify and hold harm cost they incur due to the undersigned's participation		•	s, liability, damage or
The undersigned specifically represents that he/she approval to participate in this examination. If the un will attach his/her physician's release to this form. T that she is not pregnant.	dersigned has	a pre-existing inju	ury or condition, he/she
This Release & Waiver of Claims is intended to be as State of Michigan, and if any portion thereof is held notwithstanding, continue in full legal force and effe	invalid, it is agr		
I REPRESENT AND ACKNOWLEDGE THAT I HAVE REA UNDERSTAND THAT I AM ASSUMING LIABILITY AND THIS AGREEMENT OF MY OWN FREE WILL.			
Dated: Signature			
Printed Name			
(For a participant under the age of 18 years, the parmust sign this release form and write the word "min	_	•	
Dated: Signature			
Parent/Guardian (printed)			

In consideration of being permitted to participate in the Grade_____ Cecchetti Ballet Examination taken