

COSMOPOLITAN BALLET THEATRE

LIABILITY RELEASE FORM

I, _____, as a participant in Cosmopolitan Ballet Theatre's 2026 Summer Dance Intensives to be held in Washington, DC, and Northampton, MA, assume knowledge of the risks associated with dance training and hereby waive and release liability for any accidents or injuries that may occur during the normal course and scope of ballet and dance training.

I also exempt, release, and indemnify Cosmopolitan Ballet Theatre, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Cosmopolitan Ballet Theatre. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Cosmopolitan Ballet Theatre, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death.

I further acknowledge that I have no other medical or other conditions which may adversely affect my (minor or over 18) participation in the 2026 Summer Dance Intensive, or ability to travel and/or participate in any of its activities, and have not been advised otherwise by a physician. In case(s) of medical emergency, I grant permission to Cosmopolitan Ballet Theatre to arrange for my treatment by the appropriate medical personnel for any illness/accident while attending the 2026 Summer Dance Intensive at the Bolshoi Ballet Academy. I also give my consent for any emergency transportation deemed necessary. Furthermore, I understand that Cosmopolitan Ballet Theatre is in no way responsible for any costs or medical care.

I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I have read, understood and agree to be bound by the above statement:

SIGNED: _____

If under 18, parents or legal guardian must sign

PRINTED: _____

FOR: _____

Name of Student _____

DATED: _____