



# Muttcracker Application Form

Owner Name: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_ CVV: \_\_\_\_\_

Application fee of \$25, waiver form and proof of updated immunizations and rabies vaccine from veterinarian should be attached to this form, and must be received by November 5, 2022 to be considered for performance. The handler must be 18 years or older. All handlers and dogs must attend a rehearsal at The Sandler Center for the Performing Arts during theater week (December 14-16). Performance, Rehearsal times and dates will be assigned by the Directors. Applicants will be notified via email by Thursday, November 12, 2022.

**Preferred Performance Date. Please number in preference order 1-7 There is no guarantee that choices can be honored.**

- Thursday, December 15, 2022 - 10:30 AM
- Friday, December 16, 2022 - 10:30 AM
- Friday, December 16, 2022 - 7:30 PM
- Saturday, December 17, 2022 - 2:00 PM
- Saturday, December 17, 2022 - 7:30 PM
- Sunday, December 18, 2022 - 2:00 PM
- Sunday, December 18, 2022 - 7:30 PM

For questions and to send the application information, Email [janina@balletvirginia.org](mailto:janina@balletvirginia.org)

OR:

Mail or deliver to:

Ballet Virginia

700 West 21st Street

Norfolk, VA23517

Attn: Janina Michalski



**Medical & Liability Release:**

I understand that Ballet Virginia (BV) will not be held responsible for any bodily injuries sustained while on the premises or for loss or damage to any personal items brought on the premises by participants or their families this shall include, but not be limited to any and all activities in the dance school, directly or indirectly around the dance school, or in any other place so designated by BV including performances and outreach activities. In the event of an emergency, I hereby give authority to BV's representatives to obtain necessary emergency medical treatment for myself or my dog, to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for myself or my dog as deemed necessary with the understanding that the family will be notified as soon as possible.

I understand that my insurance coverage for myself or my dog will be used in the event medical intervention is needed and that I am responsible for the payment of any/all medical services.

I understand all reasonable safety precautions will be taken by BV and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold BV, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the undersigned.

**Photo/Video Release:**

I hereby irrevocably grant and convey to BV all rights, titles and interests in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made by BV. I further irrevocably grant to BV, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above-mentioned sound, still, or moving images in any medium, including posting online, for educational, promotional, advertising, or other purposes without limitation consistent with BV's mission. I agree that all intellectual property rights to the sound, still, or moving images belong to BV. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings. This release is effective on the date this form is submitted and will remain in effect indefinitely.

**COVID-19 Informed Consent:**

COVID-19 is an infectious virus. While we have taken reasonable steps to limit the potential for transmission of COVID-19 in our studio, you agree that you understand transmission of COVID-19 is still possible.

Description of activities/reliance on State recommendations: You understand that person-to-person contact may increase the chance of COVID-19 transmission. It may be necessary that you quarantine and/or take other steps in the event it is determined that you may have been exposed to COVID-19. You further understand that recommendations and guidelines regarding COVID-19 are subject to modification.

By signing below, you acknowledge that you have been given the opportunity to ask questions and all your questions have been answered. You also agree to assume the risks associated with rehearsals during the COVID-19 outbreak and you agree to indemnify and hold BV and its employees, independent contractors and principals harmless from and against any and all claims, causes of action and damages, and costs, including court costs and reasonable attorney's fees, arising out of any infection and/or illness caused by your potential exposure to COVID-19 during your presence and class instruction at BV.

Name Printed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed form to [janina@balletvirginia.org](mailto:janina@balletvirginia.org).