



National Lucie Saronova Memorial Award

National Waiver Form

To participate in the 2017 National Lucie Saronova Memorial Award you must sign this form agreeing to the following **Terms and Conditions**:

- The undersigned certifies that she/he is the parent or legal guardian of the designated under- age competitor, and grants permission for said person to participate in the National Lucie Saronova Memorial Award should they be successful in the State Audition.
- Further the undersigned for under-legal-age competitor, agrees to hold harmless Cecchetti Ballet Australia Inc., and the National venue, or any of their employees, for any injuries or illness that may result from said participation or transportation associated herewith.
- The undersigned further authorises a representative of Cecchetti Ballet Australia Inc. to obtain any medical treatment they deem necessary for self, or under-legal-age competitor.
- Cecchetti Ballet Australia Inc. reserves the right to alter the advertised program and faculty as necessary.
- Cecchetti Ballet Australia Inc. shall have the right to use the name, photograph, video or other likeness of all participants and to exhibit the same through any medium whatsoever for advertising or promotional purposes. All such reproductions shall be the exclusive property of Cecchetti Ballet Australia Inc.
- Cecchetti Ballet Australia Inc. reserves the right to remove any participant or coach, at any time from the National venue, for behavior unbecoming a professional and the image of Cecchetti Ballet Australia Inc. Competitors will be sent home immediately at their own expense.
- All Competitors must be available to compete in the National Lucie Saronova Memorial Award to be held in **Adelaide on 14th July 2017**. If there is any conflict of dates or any doubts in regard to availability, **DO NOT ENTER THE ELIMINATIONS**.
- Teachers, please be aware that if your student is selected to represent your State, you the teacher are also obliged to honour this commitment.

Print name of Competitor.....Date of birth:

Signature of Parent or GuardianDate d/m/yy

Medical Insurance Company: Policy Number:

Ambulance Subscription Number:

Signature of Registered Cecchetti Teacher:

Please send this form with your application to your State LSMA Representative at: