

NUTCRACKER MEMBERSHIP AGREEMENT

The below mentioned dancer and their parents agree as follows:

Dancer 1 Name

Dancer 2 Name

Dancer 3 Name

Dancer 4 Name

- Casting.** I acknowledge that casting is at the sole discretion of the Artistic Director and all casting decisions are final. I have reviewed the casting list and understand my child is expected to accept the role or roles in which he or she is cast. **Parent initial:** _____
- Attendance.** I verify that I have read all of the rehearsal and performance information and agree that my child will attend **all** rehearsals and performances as outlined in *2019 OBT Handbook for Student Performers and their Parents*. In the event of inclement weather, I understand that all students are expected to perform if the performance has not been cancelled. **Parent initial:** _____
- OBT Policies.** I verify that I have read all student policies included in the *2019 OBT Handbook for Student Performers and their Parents* and agree to adhere to all of them. I recognize that uncooperative and discourteous behavior, as determined by the Artistic Faculty, may result in dismissal from the company and forfeiture of all membership fees. **Parent initial:** _____
- Membership Fee.** I agree to pay a nonrefundable \$225 Membership Fee for the first dancer (\$115 if you dancer is only cast in the role as an angel), \$75 for second Dancer, not to exceed \$300 per family payable to "Olney Ballet Theatre" and due no later than **9:30 p.m. on October 20, 2019. I will incur a \$25 late fee for Agreements and Fees submitted after 9:30 p.m. on October 13, 2019. I understand that I will NOT have access to the online Member portal until my Membership Agreement has been completed and my Membership Fee has been paid.** I understand I will need to schedule an appointment with chair@olneyballettheatre.org if my Membership Fee is still outstanding after October 25, 2019. Fees Payments and Term of membership is one year. Your "Membership Fee" is a TAX DEDUCTIBLE CHARITABLE CONTRIBUTION. **Parent initial:** _____

Please check all that apply:

- \$225 Single Membership Fee
 \$115 Angel ONLY Membership Fee
 \$75 Additional Dancer Membership Fee
 \$300 Family Membership Fee

Total Nonrefundable Membership Fee Paid with this Contract \$ _____

- Attire.** I understand that my child must adhere to uniform and grooming standards as determined by the Artistic Director. I am responsible for supplying all items set forth on "Attire, Hair, and Makeup" Form, including but not limited to my child's own dance shoes, dance tights and undergarments (e.g., nude camisoles). I further confirm that my child is also responsible for supplying additional dance shoes, as needed, for specific roles. **Parent initial:** _____

6. **Costumes.** OBT costumes are provided to Dancers at no additional cost. I understand that my child is to care for and return all OBT costumes clean and in good condition. If a costume is not returned or is returned damaged, payment equal to replacement of the costume will be charged to Dancer and Parent or Guardian.

Parent initial: _____

7. **Volunteer.** I agree to give **20 hours (10 hours** if my child is only cast in the role of Angel) of my and/or my family's time in volunteer service, as outlined in the *2019 Handbook for Student Performers and their Parents* to aid the production of *The Nutcracker*. The volunteer requirements are per family (not per child). Ten (10) of my volunteer hours must be during set up at the theatre or during the dress rehearsals and performances. In lieu of hourly participation, I may contribute \$20/hour (\$400) to allow OBT to hire substitute help. **I understand I may be assigned to volunteer for a specific activity per the needs of the company and the production.** I agree that I will file a Volunteer Log by **December 31, 2019** with OBT setting forth all of my volunteer hours worked. See the *2019 Handbook for Student Performers and their Parents* for volunteer position descriptions and log. **Parent initial:** _____

I am interested in helping in the following areas (please check at least one role, but all that apply):

| | |
|---|---|
| <input type="checkbox"/> Angel Parent | <input type="checkbox"/> Party-Scene PARENT DANCER (by invitation only) |
| <input type="checkbox"/> Backstage Crew & Props | <input type="checkbox"/> Party-Scene BOYS Parent |
| <input type="checkbox"/> Costumes (Green Room) | <input type="checkbox"/> Poster Distribution |
| <input type="checkbox"/> Crafts/Non-Sewing | <input type="checkbox"/> Rehearsal Volunteer |
| <input type="checkbox"/> Door Monitor (Green Room) | <input type="checkbox"/> Sales (Concessions & Souvenirs) |
| <input type="checkbox"/> Flyers Distribution | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Gigogne Parent | <input type="checkbox"/> Sponsorships |
| <input type="checkbox"/> Hair Braiding | <input type="checkbox"/> Tea Party |
| <input type="checkbox"/> Load IN and/or Load OUT set | <input type="checkbox"/> Tech Week Volunteer |
| <input type="checkbox"/> Makeup (Specialty & Party Scene) | <input type="checkbox"/> Tickets / Usher |
| <input type="checkbox"/> Mice Parent | <input type="checkbox"/> Well Wish Coordinator |

8. **Continuing Classes.** I understand that my child must be enrolled in at least one ballet technique class per week (any school) and regularly attending those classes. I confirm that my child shall continue studying with her or his home ballet school during the first year of membership in OBT.

Parent initial: _____

9. **Non-Compete.** I understand that my child may not perform with any other group during this performing season without prior permission from the Artistic Director. **Parent initial:** _____

10. **Communication.** I will be part of OBT's Listserv (send request to join: info@olneyballettheatre.org) and will become a "Member" of OBT's website <https://www.olneyballet.org/> so I can access all documents related to the production (rehearsal schedule, casting, etc.). I will log onto the "Message Board" tab in the Member portal and "follow" the "All Cast" forum to receive notifications. **Parent initial:** _____

11. **Photography/Recording.** I understand that taking pictures or video recording of rehearsals (including rehearsals in the studio or in the theatre) and performances is **strictly prohibited** due to copyright restrictions. **Parent initial:** _____

12. **Photo Release:** I hereby grant OBT permission to interview my child and or use my child's likeness and or photograph(s)/video/DVD in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by OBT, in perpetuity, and for other use by OBT. I will make no monetary or other claim against OBT for the use of the interview and/or the photograph(s)/video/DVD. All

photographers taking photographs on OBT property or of OBT classes, rehearsals or performances must obtain permission from OBT to ensure that all subjects have signed a release form. These rules govern photographs intended for use by OBT for marketing or of a public relations nature or used on the Web. These rules are not in effect when photographs are taken of news events. **Parent initial:** _____

13. **Medical Consent.** If attempts to reach parent(s) (or guardian(s)) are unsuccessful during a medical emergency, the undersigned parent(s) (or guardian(s)) hereby appoint(s) Olney Ballet Theatre to authorize unexpected medical care, and/or hospitalization for Dancer. **Parent initial:** _____

For and in consideration of participation in the event aforementioned above, the parent (or guardian) of Dancer hereby fully, finally and forever releases and discharges and agrees to indemnify and hold harmless Olney Ballet Theatre, and its related entities of whatever kind or nature, successors, assigns, officers, directors, attorneys, agents and employees, from all liability regardless of the cause, claims, demands, actions, causes of action, damages, lawsuits and expenses of any and every kind or nature which Dancer and Parent or Guardian (individually and collectively), their attorneys, heirs, executors, administrators, and assigns may have or may in the future have against the Olney Ballet Theatre, including, but not limited to, suits, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions or any actions sounding in tort or contract or pursuant to any statute or regulations, whether direct or indirect, whether presently discoverable or undiscoverable, whether caused by the negligence of Olney Ballet Theatre or any other person or entity in connection with any activity in which Dancer, Parent or Guardian (individually or collectively) participates during the period in which these events take place, including any period traveling to and from the events described.

Signers are responsible for adhering to the terms of this Agreement, including ensuring that the student performer(s) attend(s) all required rehearsals and performances

Parent 1 Name

Date

Parent 1 Signature

Parent Email