

**Dear Ballet Enthusiast,**

**Ballet Day at UGA 2019** will be held at the UGA Dance Building on **Sunday, November 17<sup>th</sup>**. *Ballet Day at UGA 2016 and 2017* drew dancers from as far away as New Jersey and as close as Chattanooga, Valdosta and Atlanta as well as the large population of dancers right here in Athens and at UGA.

This year's 2019 event hosts a **day of two free** classes for ages 12 through adult in Ballet and two with a Pointe option.

Guest instructor, **Nena Gilreath**, who performed as a professional ballerina with The Dance Theatre of Harlem is now the Co-Founder of Atlanta's Ballethnic Dance Company, the Facility Supervisor of the East Athens Educational Dance Center and an instructor of ballet at UGA will offer ballet classes, one with a pointe option.

Another guest instructor is **successful UGA BFA** dance degree graduate **Kristin Grubbs Chester**, Kristin danced professionally with the Carolina Ballet Theatre and is now the Dance Director and Manager, as well as instructor and rehearsal coach to the Piedmont School of Music and Dance.

UGA Lecturer Barbara Powers and former professional dancer with Ririe Woodbury Dance company and the Radio City Rockettes will also teach non-pointe ballet classes.

In between classes, a light snack will be provided along with information on the UGA dance degree and summer dance opportunities. Dancers should also consider bringing a sack lunch to keep their energy levels up for the scheduled activities of the day.

I am happy to personally help you and/or your group of dancers to register for the finest day of dance possible. My cell is 706-546-1769 and you are welcome to call or text me and of course, contact via email at [jbuttram@uga.edu](mailto:jbuttram@uga.edu) is just as fine as well.

Please use the registration form for one dancer or a group of dancers by providing 1 number for one dancer, or a total number of a group of dancers and then supplying each **individual's name, age, e-mail** and **current dance school** or studio, listing groups on back of form. **Return** the registration document via email to me, or if necessary, print and fill out the form and mail to me, prior to **November 10<sup>th</sup>**. Some classes are **first come first serve** and will fill up quickly so **early advanced registration** is recommended.

Sincerely,

**Joan Buttram**, Director  
UGA Ballet Day 2019



*Julia Patterson pictured in background and to the left.*

**Ballet Day at UGA**  
Sunday, November 17, 2019

**Registration Form-> Joan Buttram, UGA Department of Dance**  
263 Dance Bldg., Athens, GA 30602-3653

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**10:15 AM**  
Dance Department Doors Open

**REGISTRATION FORM DUE BY Sunday, November 10, 2019**  
PLEASE INCLUDE **REQUIRED LIABILITY WAIVER**

**10:15 – 10:45 am**

Registration

Please note students will have the opportunity to take class from two different instructors.

**11:00 am – 12:30 pm**

\_\_\_\_\_ Ballet Class ages 12 to 13 years with Kristen Grubbs

\_\_\_\_\_ Ballet Class ages 14 and up (non-pointe, flat only) with Barbara Powers

\_\_\_\_\_ Ballet Class ages 14 and up (pointe option) with Nena Gilreath

**12:35 to 1:25 pm LUNCH and Q&A about UGA Dept of Dance**

**1:30 pm to 3:00 pm**

\_\_\_\_\_ Ballet Class ages 12 to 13 years with Barbara Powers

\_\_\_\_\_ Ballet Class ages 14 and up (non-pointe, flat only) with Nena Gilreath

\_\_\_\_\_ Ballet Class ages 14 and up (pointe option) with Kristen Grubbs

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Face Book Event -> Ballet Day at UGA

Joan Buttram -> jbuttram@uga.edu -> 706-546-1769

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Name(s):

Age:

Email:

Dance School or Studio (Name, address, email, phone)

How did you learn about Ballet Day at UGA?



# UNIVERSITY OF GEORGIA

## Participation Agreement and Waiver Form

### PROGRAM/ACTIVITY INFORMATION

Program/Activity Name Ballet Day @ UGA

Date(s) Sunday, November 17, 2019

Location UGA Department of Dance, Dance Building

### PARTICIPANT INFORMATION

Name \_\_\_\_\_

Address (include city/state/zip) \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

### RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I (Name) \_\_\_\_\_, the Participant OR parent and/or legal guardian of the minor Participant, (Named) \_\_\_\_\_, for the sole consideration, the sufficiency of which is hereby acknowledged, of the right to participate in the event or program described as Ballet Day @ UGA (the Program), do hereby agree to the following relating to the Program.

I fully and voluntarily consent to my child's participation in the Program. I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury, including death. Participation could include certain physical activities such as dancing, stretching, traveling up and down stairs, crossing streets, parking lots and intersections. I understand that the risks that I/my child may encounter include, but are not limited to injury from slips, falls, contusions, abrasions, muscle strains and sprains, bruised or broken bones, exposure to contagious diseases, any of which may result in serious harm including death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks.

In exchange for being allowed to participate in these dance classes, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program.

I further covenant and agree that for the consideration stated above, I will forever hold harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that entering in this Release, Waiver of Liability and Covenant not to Sue shall not constitute a waiver, in whole or part, of sovereign immunity by the Board of Regents, its constituent institutions, members, officers, agents and employees.

I understand that as a state agency, the University of Georgia is exempt from licensing by the Georgia Department of Early Care and Learning for minors programs.

I certify that I understand and have read the above carefully before signing. I acknowledge and represent that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind my heirs, executors, administrators, and assigns, and my child's heirs, executors, administrators, and assigns, as well as myself and my child (if applicable).

Name of Participant: \_\_\_\_\_

Name of Parent or Legal Guardian if participant under age of 18:  
\_\_\_\_\_

Signature of Participant (or Parent or Legal Guardian if participant under age of 18):  
\_\_\_\_\_ Date: \_\_\_\_\_

**Photo and Media Release**

\_\_\_\_\_ Yes, I (Name) \_\_\_\_\_, the participant OR parent and/or legal guardian of \_\_\_\_\_, the minor Participant, hereby give the University of Georgia, and the Board of Regents of the University System of Georgia, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA").

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I further acknowledge and agree that the University of Georgia and the Board of Regents of the University System of Georgia and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

\_\_\_\_\_ No, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

Name of Participant: \_\_\_\_\_

Name of Parent or Legal Guardian if participant under age of 18:  
\_\_\_\_\_

Signature of Participant (or Parent or Legal Guardian if participant under age of 18):  
\_\_\_\_\_ Date: \_\_\_\_\_