

Alma-Lea's Dance Studio, Inc.

Media Release

Consent for Use of Still & Video Images

This consent form will authorize Alma-Lea's Dance Studio, Inc. and its partners to use and print student photographs and film/footage of students and student activities for educational, informational and promotional purposes. Images may be used, but is not limited to, Alma-Lea's Dance Studio, Inc. publications and newsletters, newspaper articles, advertising material, web listings, websites, etc. This media release form will be kept on file by Alma-Lea's Dance Studio, Inc. and is valid for the duration of the students enrollment. Consent can be withdrawn in writing by the parent/guardian or student at any time.

Student's Full Name _____

Parent/Guardian's Full Name _____

Relationship to Student _____

After reading the explanation above, I authorize Alma-Lea's Dance Studio, Inc. to take and use any photographs or video of my child in any Alma-Lea's Dance Studio, Inc. publications, production or presentation, including electronic/web marketing material for the purpose of promoting Alma-Lea's Dance Studio, Inc. in a positive manner.

Parent/Guardian Signature _____ **Date** _____

Liability Waiver, Account Billing & Policies

Understanding of Services & Policies

As a participant of any program or class at Alma-Lea's Dance Studio, Inc., I recognize and acknowledge there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages or loss that I or my minor child(ren) may sustain as a result of participating in any activities connected with such program or class. I agree to waive and relinquish all claims I or my minor child(ren) may have as a result of participating in any program or class against Alma-Lea's Dance Studio, Inc. and its instructors, agents, employees, and independent contractors.

I have read and fully understand the above waiver and release of all claims.

Parent/Guardian's Full Name _____

As a participant of any program or class at Alma-Lea's Dance Studio, Inc. I have read and fully understand all studio and account/billing policies. I further acknowledge that any questions regarding account/billing have been answered to my full understanding.

Parent/Guardian Signature _____ **Date** _____

Additional Students for the Media Release Form & Liability Waiver, Account Billing & Policies Consent

Student #2 _____ **Student #3** _____

Student #4 _____ **Student #5** _____

