

Elizabeth Parsons School of Dance
116 West 6th Ave.
Windermere, FL 34786
(407) 876-4604



Dear Parents: Please read, print information, sign your name, and return to studio office ASAP.

Dancer Release Form 2010-2011

CONSENT, WAIVER, AND RELEASE

For and in consideration of benefits to be derived from the furtherance of the educational programs of the Elizabeth Parsons School of Dance (I) (We), the undersigned parent(s) or legal guardian(s) of _____, a student enrolled at Elizabeth Parsons School of Dance, its agents, employees, or authorized representatives, give consent to said studio to take photographs, motion pictures, voice recordings, or video tapes of said student, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, voice recordings, or video tapes for any duplication, website use, or facsimile transmissions for any ethical purposes it deems proper.

In granting such permission (I), (We) hereby relinquish to the Elizabeth Parsons School of Dance all rights, titles and interest that (I) (We) may have concerning the finished pictures and/or images, negatives, reproductions, or copies, and further waive any and all rights to approve the use of such photographs, voice recordings, motion pictures, or video tapes, and further do waive any right to compensation for the publication or other use of said photographs, voice recordings, motion pictures or video tapes. As such, the Elizabeth Parsons School of Dance and its agents, licensees, and representatives are released from liability and any and all claims of any nature whatsoever arising from their use.

In addition, Elizabeth Parsons School of Dance is not to be held responsible or liable for any accident that may occur while your child is in her/his dancing class or on school premises. Moreover, each child should be covered by medical/accident insurance as the studio will not provide this protection in the event of an accident. By signing this waiver, consent, and release form, you certify that you accept and agree to these terms.

Signature _____ Date _____

Permanent Address _____
(Number/Street) (City) (State) (Zip code)

Relationship _____ Phone _____