



### Parent Release Form for Photography and Videography

I, the undersigned, give permission for The Studio to use video footage and / or photographs of my child/, \_\_\_\_\_ . This usage may include (but is not exclusive to) displaying publicly, distributing, or publishing, photographs, and/or video of my child for use in materials that include, but may not be limited to:

- printed materials ( brochures and newsletters)
- online and offline advertising and promotion
- videos and digital images such for use on Social Media.

By signing this form, I acknowledge that I am giving unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by The Studio for a variety of purposes and that these images may be used without further notification.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Information and Medical Release/Waiver Form

I have enrolled in a program of strenuous physical activity including but not limited to ballet, tap, jazz. I recognize that I may injure myself and that potentially severe injuries, including permanent paralysis or death, may occur as in any activity involving motion. I understand that is is the intent of the studio to provide for the safety of me and in consideration for allowing me to use the facility. I hereby affirm that I am in good physical condition to participate in the exercise programs for which I have enrolled; or have obtained medical clearance prior to enrolling with the studio.

For myself, my heirs and assigns hereby forever release the studio its officers, its employees and teachers from all liabilities for any and all damages and injuries suffered by me while under the instruction, supervision or control of the studio. I agree to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while training or performing for the studio. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I hereby give my permission to trained medical professionals at administer emergency medical treatment should sickness or accident occur.

Assumption of Risk Covid-19: I/we understand and agree to all the new protocols administered by The Studio. I/we understand if my child is sick they will not come to class. I/we understand I am willingly and voluntarily allowing my child to participate in an activity where they are around other people, thus increasing their risk of contraction. I/we understand the risk associated with allowing my child to participate in dance classes regarding Covid-19. However, while I/we understand The Studio and its employees will do whatever it can to prevent the spread of the disease, The Studio and it's employees cannot be held responsible should any child, parent, or guardian contract Covid-19 while utilizing The Studio's services and premises. I hereby release and discharge The Studio and any of it's owners, directors, officers, and employees from any liability whatsoever which may arise as a result of the student participating in events sponsored by The Studio.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_