

Liability and Media Release Form

Please Print

Dancer Name: _____

Parent Name: _____

P.O. Box: _____ City: _____ Zip Code: : _____

Parent Cell Phone: _____

It is understood that upon signing this agreement, I assume full responsibility for myself/child for injury, or damage from any cause whatsoever resulting directly or indirectly from participation in the exercise or dance program, and waive any claim against Lake Arrowhead Classical Ballet Company, Sharon McCormick, Lake Arrowhead School of Dance and/or its employees, hereby making this a full release of all liability for personal injury.

I give authorization and consent for Lake Arrowhead School of Dance to use my child's name, photograph(s), video camera recordings, and interview comments for educational and promotional purposes. I understand that articles, photographs, video and information may be distributed to individuals, groups and the news media through, but not limited to, publication in news releases and newsletters, slideshows and presentations.

Parent Signature