

Music Mountain Theatre School
Winter 2018

PHOTO/VIDEO CONSENT

I authorize Music Mountain Theatre to take/use photos and video of myself/my child for educational or promotional purposes in any type of media, including its website.

By signing below, I acknowledge and accept the above statement.

Signature: _____ Date:

Name: _____ (Signed by parent or guardian if student under 19 years of age).

LIABILITY WAIVER:

In Consideration of accepting this registration to provide dance classes for my child/myself, I hereby for myself, my heirs, executors and administrators, waive and release any and all of my rights and claims for personal injuries or property damages I may have against Music Mountain Theatre and its agents or representatives for any/all injuries suffered by me or any member of my family

By signing below, I acknowledge and accept the above statement.

Signature: _____ Date:

Name: _____ (Signed by parent
or guardian if student under 19 years of age).