



## MEDIA RELEASE FORM

I, \_\_\_\_\_, grant permission to Dancelook LLC, hereinafter known as the "Media" to use my and/or my child's image (photographs, written autobiography, video, and/or audio) for use in Media publications including: videos, media programs, internet media, social media, outdoor or out of home media, broadcast media, print media, email blasts, recruiting brochures, newsletters, magazines, general publications, and website, for any and all purposes, including use by third parties with whom Dancelook may engage in joint activities.

I hereby waive any right to inspect or approve the finished Media publications that may have been used in conjunction with the image in the past, now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of my and/or my child's image.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant 18 Years or older)

Name of child (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

