Dear Parents,

Please sign this PARTICIPANT AUTHORIZATION FOR PHOTO PUBLICATION:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Do\_\_\_\_\_\_\_\_\_

Do not\_\_\_\_\_\_\_\_\_\_

Authorize the Estelle Jones School of Dance to use my child’s photographs for purposes associated with general marketing and advertising of the business through, but not limited to, various media including newspaper, printed brochures, photograph sharing sites, facebook and studio website. I understand that no release of personal information such as name, address, or phone numbers will be made.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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