Saugus Dance Clinic (10/27/24) PHOTO RELEASE AND WAIVER OF LIABILITY

PARTICIPANT Name (Minor):	
PARTICIPANT BIRTHDATE:	
PARENT OR GUARDIAN Name:	

As consideration for being permitted by the William S. Hart School District ("District") and the Centurion Dance Team Booster Club ("Boosters") for my minor child to participate in the Saugus Dance Team Clinic, I forever release the District, the Boosters, and all affiliated organizations, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

As the parent or guardian of the above named minor, I hereby freely and voluntarily grant to the Centurion Dance Team Booster Club ("Boosters") and William S. Hart School District ("District") (hereinafter jointly referred to as "Releasees") the irrevocable right and permission, in respect to the photographs and/or videos that it will take or will have taken of my minor child, or myself, which I may or may not be included with others, to copyright the same, in its own name or otherwise (and assign my rights throughout the world in such photograph), to use, re-use, publish, and re-publish, and otherwise reproduce, modify and display the same, in whole or part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever; and to use my name in connection therewith if it so chooses. I hereby release and discharge Boosters, District and all related parties from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation, any and all claims for libel and/or invasion of privacy. I may sell, assign, license or otherwise transfer all rights granted to it hereunder. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assigns of Boosters and District. I have read the foregoing and fully understand the contents of this Release. This Release shall be binding upon me and my heirs, legal representatives, and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DISTRICT, THE BOOSTERS, AND SIGN IT OF MY OWN FREE WILL. I FULLY UNDERSTAND THE DANGERS OF THE ACTIVITIES ENGAGED IN AND UNDERSTAND THE SIGNIFICANCE OF THIS WAIVER AND RELEASE.

Being the parent or guardian of the above-named minor, I hereby consent to and agree to be bound by the terms in the foregoing Release and Waiver, and hereby consent on behalf of said minor:

PARENT SIGNATURE:	Date:	
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