

Grand River Dance Academy  
Photo Release Form

380 St. Andrew St. W.  
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Name of Student:

Date:

I, \_\_\_\_\_(name of parent/guardian), grant Grand River Dance Academy Permission to use my child's image for publication. They reserve the right to reproduce the photo and publish it in print or online.

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

**Grand River Dance Academy**

We reserve the right to use these photos for our publication.  
However, we will not use the photo in anyway unrelated to the publication.

Director  
Cassandra Ford

