



Erie Dance Consortium
www.eriedanceconsortium.org
info@eriedanceconsortium.org
P.O. Box 10141 Erie PA 16514

Liability Release Form

Class: _____

Date and Time: _____

Location: _____

Cost: _____

Participant's Name (Print)

Date

I hereby give my permission to the Erie Dance Consortium fo the above name participant, and to the Board of Directors, staff, volunteers or personal of the Erie Dance Consortium to authorize any emergency care and treatment that may be required by the above named participant during the above mentioned class. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

I release and hold harmless the Erie Dance Consortium and each of their officers, directors, employees and volunteer from liability for any and all injuries sustained or loss of property occurring while above name participant is traveling to, from, attending or performing at the Erie Dance Consortiums, Erie Dance Series Class mentioned above.

Signature of Participant or Parent/Guardian if participant is under 18

Parent/Guardian's Name (Printed) if signed above

Please make all checks and money orders payable to: Erie Dance Consortium

Office Use Only
_____ Amount Paid

Cash _____ Check _____ (Check No. _____) Credit Card _____



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Photograph and Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other compensation. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that is material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purpose:

- Erie Dance Consortium Facebook page
- PR materials
- Informational presentations
- Erie Dance Consortium website

By signing this release I understand this permission signifies that photographic or video recording of my may be electronically displayed via the internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims again any person or organization utilizing this material for educational purposes.

Full Name: _____

Street Address/P.O. Box: _____

City/State/Zip Code: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

If this release is obtained from a presented under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature: _____ **Date:** _____

Striving to foster dance in the Lake Erie Region.