



Program Injury/Photo Release Waiver

I, _____ understand that participation in, and the movements involved with a dance program carries with it a risk of injury. Therefore, I hereby waive and release Creative Roots from any and all liability for any injuries or illness incurred while at Creative Roots Dance Program. Deidre Tansey and instructors will not be held liable for any medical expenses incurred while my child(ren)/myself, _____ is(are) at Creative Roots Dance Program.

I hereby authorize _____ to act for me in any emergency requiring medical attention. In lieu of medical certificate signed by a medical physician, I have no knowledge of any physical or mental impairment that would be affected by my child's participation in the Creative Roots Dance Program.

I grant to Creative Roots, its representatives and employees the right to take photographs and videos of my child(ren) in connection with my activities through the dance school. I authorize Creative Roots, its assigns and transferees to copyright, use or publish the same in print and/or electronically.

I agree that Creative Roots may use such photographs and/or videos of me or my child(ren) with or without my name for any *lawful purpose*, including for example such purpose as publicity, illustration, advertising, and web content for Creative Roots Performing Arts.

Parent/Guardian/Dancer Signature

Date