

# Ironwood Dance Company Photography & Medical Release

Please read over carefully and sign below.

**Photography Release:** I hereby grant absolute right and permission to take photographic portraits or videos of my child/children for illustration, promotion or advertising purposes such as brochures, websites, posters and other promotional materials the studio creates. Permission is also hereby granted for the studio to copyright such photographs in its name.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- \* I have read, understand and agree to comply with all Ironwood Dance Company's policies regarding tuition, late fees, costumes and dance attire.
- \* I understand that IDC reserves the right to refuse instruction to anyone not abiding by IDC's policies.
- \* I understand that IDC reserves the right to cancel a class if enrollment falls below five students per class.
- \* I understand that IDC is not responsible for lost items, stolen items, or unclaimed merchandise.
- \* I understand that participation in this dance program is voluntary and strenuous, and involves risk and possible injury. I verify that I and/or my child/children are physically fit to participate. I waive and release Ironwood Dance Company LLC, Tiffany (Erickson) Schmalz, and its staff from any and all rights and claims for injuries sustained in class or medical expenses which may occur as a result in the participation in this dance season.
- \* I authorize IDC to secure any emergency medical treatment my child might need. Preferred medical facility:

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- \* Please list any medical concerns of which we should be made aware of:

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Signing this policy page informs us that you have read, understand and agree to abide by these policies.

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Parent/Guardian Signature

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Date