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**Photographs/Video and Waiver and Release of Claims**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant Rhythm Works Integrative Dance, its directors, officers, employees, agents, and designees (collectively “RWID”) non-revocable permission to capture the image & likeness of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in photographs, videotapes, motion pictures, recordings, or any other media (collectively “Images”). I acknowledge that RWID will own such Images and further grant RWID permission to copyright, display, publish, use, modify, print and reprint such Images in any manner whatsoever related to RWID business, training, and research, including without limitation, publications, advertisements, brochures, web site images, training workshops, or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by RWID prior to its use. I forever release and hold RWID harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity. I understand that the name or location of my child will never be used in association with any such Images whatsoever.

Printed Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and I hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Printed Name of Parent of Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_