



Photo / Video Acknowledgement and Release Form

* YOU MUST BE 18 YEARS OF AGE AND OLDER TO COMPLETE THIS FORM. PLEASE READ CAREFULLY.

Studio Name: _____

Studio Address: _____

Studio Director Name: _____

Studio Director Phone: _____

Studio Director Email: _____

PHOTO/VIDEO ACKNOWLEDGEMENT AND RELEASE:

I hereby acknowledge that "Full Out Dance / Lexy Cox" have permission to use the video(s) and/or photograph(s) of all _____ students / dancers / performers / facility during "Full Out Dance / Lexy (print studio name)

Cox" instruction and choreography for social media, advertising, and archiving. I hereby agree that the right, title and interest in video(s) and/or photograph(s) in which my studios's students / dancers / performers have participated in, being original works, belong to "Full Out Dance / Lexy Cox" and that the said video(s) and/or photograph(s), its titles and all other constituents were prepared under the direction or control of "Full Out Dance/ Lexy Cox". I hereby release "Full Out Dance / Lexy Cox" from all claims which I or my studio's clients may have now or in future for compensation of any kind arising out of our participation in the said video(s) and/or photograph(s).

ACKNOWLEDGEMENT:

I acknowledge that I have carefully read this agreement, that I agree to conform and comply with this agreement in it's entirety, that I have executed it voluntarily, and that this agreement is binding on me. I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and representatives may have against "Full Out Dance / Lexy Cox" and its nominees, associates, affiliates, employees, agents, representatives, successors and assigns.

Studio Director Name (please print): _____

Studio Director Signature: _____

Date: _____