



**Florida Dance Association 2018 Photo Release Form**

**Photo Release:**

I hereby give permission for the Florida Dance Association to take photos and/or videos of \_\_\_\_\_ (name of participant) during FDA sponsored workshops and performances for purposes of promoting the organization.

**Parent/Guardian signature required if student is a minor. Student signature required if student is an adult.**

Print Name of participant: \_\_\_\_\_

Print Name of Parent/Guardian if participant is a minor \_\_\_\_\_

Sign:

\_\_\_\_\_

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_