



Florida Dance Association 2019 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:

____/____/____