

**InMotion Dance Academy  
Release of Information**

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**Student's Name**

“I hereby assume all financial responsibility for the above student enrolled at InMotion Dance Academy. I further understand that I will be held responsible for all expenses, until I notify the studio that the above student will no longer be attending class.”

InMotion Dance Academy does not carry medical insurance for its students. It is required that all dance students be covered by their own family insurance policy and if injury occurs, it is understood that the student's own policy is your only source of reimbursement.

It is understood that no alcohol or any other similar substances will be used prior to dance class, or brought into the dance studio.

**Photo Consent**

The above student has my permission to be photographed during class times and videotaped during this year's recital. All photographs will be used to create a collage for the show and possibly placed on our facebook and or website. The video recordings may be purchased by parents.

**Recital Participation**

Please Circle:

The above student **will / will not** be in the 2018 recital.

**Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_