



MIAMI DADE COLLEGE KENDALL CAMPUS ARTISTRY IN RHYTHM Dance Conference

PHOTOGRAPHY AND VIDEO REQUEST FORM

Throughout the conference, professional photographers and staff may take pictures of participants including but not limited to dancers, instructors, lecturers and panelist. These pictures may be used to be displayed on or in the following:

- **Studio walls**
- **Promotional posters**
- **Newspaper ads**
- **AIR Brochure**
- **Campus website**
- **Newspaper articles/reviews**

Please indicate permission to have your photo taken and for it to appear in printed material by signing this affidavit: I hereby grant permission to Miami Dade College Kendall Campus Dance Program (MDC KCDP) to use photos, images and/or videos of me for advertising and publicity purposes including but, not limited to brochures, websites, newspaper articles, reviews, print advertisement, and other promotional materials. Permission is also hereby granted for the MDC KCDP to copyright such materials in its name. I understand that my personal information, such as name, address, age, etc., will not be released. I also understand that I will receive no monetary compensation for the use of my photo, images, or videos that include me.

Printed Name _____ Date _____

Signature _____ Date _____

If under age 18, Parent
or Guardian Printed Name _____ Date _____

If under age 18, Parent
or Guardian Signature _____ Date _____

HEALTH INSURANCE WAIVER:

Miami Dade College Kendall Campus Dance Program (MDC KCDP) takes every precaution to keep all participants safe, but accidents can ensue. MDC KCDP assumes no liability for any accidents, injuries, or losses that occur as a result of participation in the **ARTISTRY IN RHYTHM DANCE CONFERENCE 2018**. Further, MDC KCDP does not carry or manage student medical insurance. As a participant of the AIR Dance Conference, I understand that I [dancer, student, instructor, lecturer, panel member, participant, or volunteer] must be covered by an individual or family insurance policy. I also understand that in the event of personal injuries or losses, my own health insurance policy will be my only source of medical coverage and or reimbursement. In consideration of the dance lessons afforded to me under this agreement by MDC KCDP and in recognition of the physical demands of dancing, I hereby knowingly, freely, and voluntarily waive any rights of cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to MDC KCDP or its agents.

Printed Name _____ Date _____

Signature _____ Date _____

If under age 18, Parent
or Guardian Printed Name _____ Date _____

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or Guardian Signature _____ Date _____