

**PHOTO RELEASE FORM**  
(Parent Copy)

On \_\_\_\_\_, \_\_\_\_\_ will be teaching dance classes at  
(date) (teacher name)  
in your child's class. The classes will be photographed for possible inclusion in professional instructional materials. We would like to have your permission to include your child in these materials if he/she appears in the footage chosen for the finished product. We appreciate you filling out the form below and returning it to the instructor as soon as possible.  
Thank you!

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**PHOTO RELEASE FORM**  
(Teacher Copy)

Agency Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

**RE: Permission to Use Photo in Book/Video/Newsletter**

\_\_\_ **I grant permission** to \_\_\_\_\_ or authorized agents to photograph me during my dance class at \_\_\_\_\_ on \_\_\_\_\_. I understand and agree that \_\_\_\_\_ will use these photographs, which may contain my image in professional materials that will be sold to teachers and other interested people. I understand that I will receive no financial remuneration for any photographs in which I appear.

\_\_\_ **I do not grant permission**

\_\_\_\_\_  
Parent's Signature

Parent or Guardian's name: \_\_\_\_\_

Child's Name \_\_\_\_\_

Address: \_\_\_\_\_ zip \_\_\_\_\_

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