

Dance Institute of The University of Akron Publicity Release

I hereby authorize Dance Institute of The University of Akron and/or their agents, my minor child's appearance and/or voice and to record her/his picture and/or voice (on photographs, film and/or tape), to edit these recordings at its discretion, to incorporate these recordings into a broadcast medium, to use such recordings for publicity and advertising, and to use her/his name, photograph, likeness, voice, biographic, and other information concerning my minor child in connection thereto.

I grant consent that my minor child's work, and/or performance, in any form be displayed, exhibited, published, and/or distributed for the purpose of and in connection with any material that may be created by or on behalf of Dance Institute of The University of Akron including, without limitation, school bulletin boards, the school website, print and electronic media; school marketing, public relations and communications materials and/or presentations; and such other uses as may not be contemplated herein, as follows:

- _____ I consent to all of the above.

- _____ I DO NOT consent to any of the above.

I understand that Dance Institute of The University of Akron, their directors, administrators, and/or employees will exercise appropriate judgment and discretion in the use of images of and/or information about my child in accordance with the consent I have given them. I release Dance Institute of The University of Akron from any loss, damage and liability arising out of my minor child's appearance on photographs, film, printed materials and/or tape.

I further understand that Dance Institute of The University of Akron, and their respective directors, administrators, and/or employees have no control over the use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent.

This publicity release is valid until such time I rescind my authorization in writing and present it to the office of Dance Institute of The University of Akron.

Printed Student's Name

Printed Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian

Date: month/date/year

Address

Area Code & Telephone Number