

# *Shushi*

## *Armenian Dance Ensemble*

### **PARENTS' PHOTO CONSENT AND RELEASE FORM**

**2018-2019**

My child/ren:

(please print full name) \_\_\_\_\_

(please print full name) \_\_\_\_\_

(please print full name) \_\_\_\_\_

(please print full name) \_\_\_\_\_

Is/are a member of the Shushi Armenian Dance Ensemble in 2018-2019.

I understand that promotional pictures (individual and group) have been/will be taken during rehearsals and/or performances. I give permission for my son's/daughter's picture and name to be used for promotional materials (newsletter, web page, calendars, emails, social media, etc.)

By my signing this, I release the Shushi Armenian Dance Ensemble any and all liabilities and waive all claims against them.

\_\_\_\_\_  
Signature of Parent/Guardian of  
Shushi member under the age of 18

\_\_\_\_\_  
Signature of Shushi Member (age 18  
and over)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Phone Number