

The SoCal Dance & Choreography Festival

Southern California Dance Theatre

Consent and release form

Name of Group:.....

Name of Choreographer/Instructor:.....

Address:..... City:..... Zip:.....

E-mail:..... Cell phone:.....

Name of Performers in your group:

- | | | |
|----------|----------|----------|
| 1) | 2)..... | 3)..... |
| 4)..... | 5)..... | 6)..... |
| 7)..... | 8)..... | 9)..... |
| 10)..... | 11)..... | 12)..... |

- In the event of an emergency, I and the (parents of) dancers in my group hereby give permission to the physician/medical emergency worker selected by the Southern California Dance Academy, the Southern California Dance Theatre, LBUSD, and/or Jordan High School, its affiliates, agents, employees, volunteers, or independent contractors to give medical treatment.
- I, and the (parents of) dancers in my group understand that we participate at our own risk.
- I, and the (parents of) dancers in my group give consent to being photographed/videotaped during the rehearsals and performance and we understand that such material can be used for the promotion of future festivals in print or on social media.

.....
Signature of Choreographer/instructor on behalf of all performers

.....
Date

Please Print Name