

Shushi

Armenian Dance Ensemble

PARENTS' PHOTO CONSENT AND RELEASE FORM

2024-2025

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 2024-2025.

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