

Agreement to Follow Policies Form

I/We agree to read and follow the facility policies including prompt payment and understand the curriculum of Sole Expressions Dance Studio Cooperative. I/We take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Sole Expressions Dance Studio Cooperative. The policies can be found on our site at www.soleexpressions.org on the studio policies tab. A hard copy can also be obtained at the studio.

My signature is proof of my intention to execute a complete and unconditional agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or

Guardian: _____ Date: _____

Dancer's Name: _____

Photo and Video Release Form

I authorize and agree that Sole Expressions Dance Studio Cooperative, Hazel Media, LLC, Kristina Olson Photography, and Artistic Video Productions may take and use **photographs** or **videos** of myself or my child as needed for its record keeping, advertising, social media and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein, and agreement as to all terms and conditions contained above. I am of lawful age and competent to sign this affirmation.

I HAVE FULLY INFORMED MYSELF AS TO THE CONTENTS OF THIS RELEASE AND HAVE READ THE SAME PRIOR TO SIGNING.

Signature of Parent or

Guardian: _____ Date: _____

Dancer's Name: _____