

MINNESOTA DANCE THEATRE
& THE
DANCE
INSTITUTE

RELEASE AND INDEMNIFICATION FORM

Student and Parent/Guardian agree to the following:

The Dance Institute and its employees are not liable for injuries sustained or illnesses contracted by the student while attending the school.

The student's continued enrollment at the Dance Institute is subject to periodic review.

I acknowledge that I have read the Dance Institute's payment information and guidelines and agree to all terms and conditions.

In the event that Minnesota Dance Theatre & the Dance Institute (MDT/DI) or Hennepin Center for the Arts (HCA) has the student's participation recorded on film or videotape or photographed for presentation on television, in printed material, or elsewhere, I hereby expressly consent to the use by MDT/DI, or HCA without limit to the time or number of repeat showings or usages of any part of or all programs in which the student participated.

STUDENT'S NAME _____ LEVEL _____
(Please print)

PARENT/GUARDIAN'S
NAME _____
(Please print)

PARENT/GUARDIAN'S SIGNATURE DATE