

MINNESOTA DANCE THEATRE
& THE
DANCE
INSTITUTE

RELEASE AND INDEMNIFICATION FORM

Student and Parent/Guardian agree to the following:

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

Student's Name: _____
(please print)

Signature: _____ Date: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____ Date: _____

In the event that MDT/DI or Cowles Center for Dance and the Performing Arts 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 Cowles Center 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: _____
(please print)

Signature: _____ Date: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____ Date: _____