



**The RockReach Program
The Rock School For Dance Education**

PHOTO, VIDEO, AUDIO AND INTERVIEW RELEASE

As the parent or legal guardian of the student named _____ (CHILD'S NAME), my signature below grants permission for my child to be photographed, videotaped and/or interviewed during the course of the 2016-2017 School Year by The Rock School For Dance Education, and consent for the publication broadcast, or other use of the student's images and/or words for the purposes of promoting The Rock School. In addition, I release The Rock School, or any parties acting on their behalf/approval, from liability for such uses of my child's images and/or words.

NAME OF CHILD PRINTED

NAME OF PARENT/GUARDIAN PRINTED

SIGNATURE OF PARENT/GUARDIAN

DATE