ADT·NJ
ASSOCIATED DANCE TEACHERS OF NEW JERSEY

Studio: _____

Dance Workshop Date: _____

RELEASE FORM

We, the below signed participant (if over the age of 18) or parent/guardian of the participant (if under the age of 18), hereby release the Officers, their Agents, Servants and Employees of the Associated Dance Teachers of New Jersey and Fusion Dance Center, from all claims for damages regarding loss of property, accident or injury sustained during or in conjunction with said event. We hereby give permission for the Associated Dance Teachers of New Jersey to use my/our photograph(s) and/or video(s) for any and all publicity and advertising in the future. We are also fully aware of the workshop guidelines.

Participant's Name (print)	Parent/Guardian of Participant if under the age of 18 (print)	Signature of Participant (if over 18) Or Parent/Guardian (if under 18)	Date