The Wells School of Dance

Photographic Talent Release Form

I ..... of .....
(insert full name) (insert full address)

.....

authorise the Wells School of Dance representative or their appointed representative to photograph me or my child in a dance/lifestyle situation at various locations. I am aware that the images will be used for the sole purpose of producing advertising/promotional material for the Wells School of Dance.

I understand there will be no payment no matter how often the images are used by the Wells School of Dance.

Signature: ……

Date:……..……..……..…

Wells School of Dance Representative:……

Signature:……..……..……..…

Privacy Statement

The Wells School of Dance collects your personal contact details in order to effectively manage its photographic library. If you have any queries or wish to gain access to your information, please contact Miss Vikki on 9584 6601 / 0412 555 249 or Miss Lisa on 9598 5357 / 0413 332 669.