



The Rhythm Centre Photo Release Form

I understand that TRC may photograph participants in TRC classes, rehearsals and performances for documentation to be included in promotions. I hereby give my permission for the use of my photo, video or audio recording in TRC print and digital promotions.

Class/Workshop/Program ((e) s) Enrolled In:

Student's Name

First Name:

Last Name:

Parent/Guardian Name

First Name:

Last Name:

Address

Address Line 1:

Address Line 2:

City:

State:

Post Code:

Phone:

Email:

Signature:

Date: