



HEALTH DECLARATION FOR STUDENTS DURING TRAINING REHEARSALS AND PERFORMANCES

Student's Name:

Date of Birth:

My child has the following medical conditions:

Notwithstanding the condition(s) mentioned above, I confirm that my child is medically fit to undertake the training, rehearsals and performances and these will not affect his/her health.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:



PHOTO AND VIDEO RELEASE FORM

By signing this form, I grant 'Dance Vision Ballet Company Associate Programme' and its authorized representatives the irrevocable right to photograph and/or record video of the below-named student during ballet training, rehearsals and performances, and to use these images and recordings for any lawful purpose, including but not limited to:

Promotional material
Social media posts
Website content

This release is binding and effective for all future training, rehearsals and performances unless revoked in writing.

Consent (Please circle)

I DO give permission for the use of photo/video content as described above.

I DO NOT give permission for the use of photo/video content as described above.

Student Name:

Parent/Guardian Name (if under 18):

Date:

Signature, parent/Guardian (if under 18)

