



COLLIN COLLEGE SUMMER DANCE FESTIVAL LIABILITY & PHOTO/VIDEO RELEASE

Please read carefully. All festival participants must complete and sign this form. If participant is under age 18, a parent or guardian must sign.

LIABILITY RELEASE

- ☐ I have family accident insurance with _____
- ☐ I do not have family accident insurance.

I hereby release Collin County Community College, their agents, employees, and instructors on behalf of myself and my child, from any and all liability for any accident or injury that may be sustained while participating in the above mentioned activity. I hereby release liability against any employee required to administer first aid or to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein when time is of the essence and/or when the parent/guardian cannot be reached.

PHOTO/VIDEO RELEASE

I give my permission to have my photograph and my child's photograph taken during the above mentioned activity. I authorize the college to take video footage of myself and my child. These photos and videos may be used for promotional purposes of Collin County Community College including all publications, news releases, social media sites, websites and other promotional uses as deemed appropriate by the dance department and/or by the college.

Participant or Parent/Guardian Signature: _____
Print Name of Participant: _____
Print Name of Guardian (if applicable): _____
Date: _____

Emergency Contact Name: _____
Emergency Contact Phone Number: _____