

## Performer's Release

Performer's Name: \_\_\_\_\_

I hereby consent for value received and without further consideration to the photographing and videotaping of me in any public or private recitals or performances by the West Windsor Plainsboro Dance Company, Inc. and The Dance Corner, Inc. and the use of all videotapes and photographs taken of me, in whole or in part, for the purposes of illustration, broadcast, or distribution in any manner without restriction.

If the Performer *is not a minor* complete this section.

Performer's signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date: \_\_\_\_\_

If the Performer *is a minor* complete this section.

Minor's Name \_\_\_\_\_

Legal guardian \_\_\_\_\_  
(sign/print name)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date: \_\_\_\_\_