



## Photo & Video Release Form

### Capital Region Dance Alliance & Saratoga Performing Arts Center (SPAC)

I am 18 years of age or older, and if not, my parent/legal guardian has reviewed and approved this release on my behalf.

I hereby grant permission to **Capital Region Dance Alliance** and the **Saratoga Performing Arts Center (SPAC)**, and their authorized third-party collaborators, to take, record, and use photographs, video footage, and/or audio recordings of me, or in which I may appear, in connection with programs, performances, events, or related activities.

I understand and agree that these materials may be used for purposes including, but not limited to:

- Promotional and marketing efforts
- Educational or artistic presentations
- Broadcast, rebroadcast, publication, or online use (including social media, websites, and printed materials)
- Archival or business uses

I further agree that:

- These materials may be edited, copied, and distributed by Dance Alliance and SPAC without restriction.
- I shall not be identified by name as endorsing any commercial product or service without separate written consent.
- I waive any right to inspect or approve the final materials.
- I shall not receive compensation now or in the future for use of these materials.
- I release and discharge **Dance Alliance, SPAC**, and their authorized third parties from any and all claims related to the use of the images/audio/video described above.

This consent is irrevocable and applies worldwide, in perpetuity.

I consent

I do NOT consent

**Name of Participant:** \_\_\_\_\_

**Name of Parent/Guardian (if under 18):** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

**Signature (if 18 or older):** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_