



Media Release Form

I grant permission for the dancer(s) named on this form to be included in photographs and/or videos of activities with the Mumford Academy of Irish Dance. I understand that images may appear in Mumford Academy social media, websites, publications, Mumford Academy advertisements, and printed materials. I understand that I am not eligible for compensation for or ownership rights to photos used by the Mumford Academy of Irish Dance.

I also grant permission for these materials to be shared with and used by collaborating organizations or companies, provided the usage aligns with the promotional and lawful purposes stated above.

Participant Information:

Dancer (s) Name: _____ Age: _____ (if under 18)

Parent/Guardian Name (if under 18): _____

Address: _____

Phone Number: _____ Email: _____

Agreement:

By signing below, I acknowledge that I have read and understood the terms of this media release form. I affirm that I am of legal age to grant consent for myself or as a parent/guardian of the minor named above.

Dancer(s) Signature: _____ Date: _____

Parent/Guardian's Signature (if under 18): _____ Date: _____

Contact Information:

For any questions or concerns, please contact:

Mumford Academy of Irish Dance

Phone: www.mumfordacademyofirishdance.weebly.com

Email: mumfordacademyofirishdance@gmail.com

