

Moving Miracles
Dance & Adaptive Fitness
Volunteer Release Form

Attachment C

Photo Release

I consent to and authorize the use and reproduction by Moving Miracles Dance Program/Suburban Adult Services, Inc. (SASi) of any and all photographs and any other audiovisual materials taken of me for promotional material, education activities, exhibitions or any other use for the benefit of the program.

Name of Volunteer: _____

Signature of volunteer or guardian/ parents if the volunteer is under the age of 18:

_____ Date: _____

Volunteer Liability Release

As a volunteer at Moving Miracles Dance Program/Suburban Adult Services, Inc. (SASi), I acknowledge the risks and potential for risks; however, I feel that the possible benefits to myself and the individuals I help are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Moving Miracles, Suburban Adult Services, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the Moving Miracles Dance Program.

Name of Volunteer: _____

Signature of volunteer or guardian/ parents if the volunteer is under the age of 18:

_____ Date: _____