



TADA



Insurance Waiver

I, _____, Parent/Guardian of _____ understand and agree that in consideration for my child being granted access to and the use of the property and facilities of the West Islip Union Free School District, I assume any and all risk with respect of such access and use, and hereby release said West Islip Union Free School District, Twirling and Dance Association (*TADA*), its representatives, agents, servants and employees from liability for any injuries sustained or damage incurred in the course of such access and use resulting from any cause whatsoever which may be sustained.

Signature _____ Date _____

Photo Release

I, _____, Parent/Guardian of _____ hereby authorize and consent to the use of his/her visual image by Twirling and Dance Association (*TADA*) for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. Students will not be identified by name. I give this consent with no claim for payment.

Signature _____ Date _____