

Dance Studio Live Streaming Consent Form

Student Name

Parent/Guardian Name (if under 18)

Dance Class Name

Date

Consent Details

I give permission for the above-named student to participate in live streamed dance classes provided by the studio. I understand that video and audio of these classes may be broadcast in real time over the internet to other enrolled students and/or their guardians.

☐

I consent to live streaming of classes involving the student named above.

Additional Comments or Restrictions

Signature

Date
