

**School of Missouri Contemporary Ballet
Policies and Procedures Agreement**

As a representative of the School of Missouri Contemporary Ballet, I have read, understand, and agree to abide by the behavioral policies of the School of Missouri Contemporary Ballet.

Signature of Student

Date

As the parent/guardian I have read, understand, and agree to abide by the policies and procedures of the School of Missouri Contemporary Ballet.

Signature of Parent/Guardian

Date

Photo Release Form

I hereby give permission for the Missouri Contemporary Ballet and/or the School of Missouri Contemporary Ballet to use photographs/videos of my likeness in Missouri Contemporary Ballet and/or School of Missouri Contemporary Ballet sponsored publications and for promotional purposes.

Signature of Parent/Guardian (if student is a minor) or Student over 18

Date