



Cage Free Voices Tutoring Photo/Video Release Waiver

PARENTAL CONSENT:

I hereby authorize the virtual recording of my child during online sessions and grant them permission to participate in Cage Free Voices as a student, performer and/or audience member and grant use of any content submitted for the CFV Online Learning. I voluntarily assume all risk of accident or injury to my child or myself which may arise out of my/his or her participation in this program, and therefore release and hold harmless Cage Free Voices, LLC. and all personnel associated with this program from any and all liability that may result from my child's participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached in a timely manner.

PARENT / GUARDIAN DETAILS (For minors only)

Full Name: _____
Relationship to Child: _____
Email: _____
Home Phone: _____
Mobile: _____
Address: _____
State: _____
Zip code: _____

PARTICIPANT CONSENT (18 and Over):

I hereby authorize Cage Free Voices (CFV) to virtually record my sessions during online sessions and grant use of any content submitted for the CFV Online Learning. I voluntarily assume all risk of accident or injury to my child or myself which may arise out of my participation in this program, and therefore release and hold harmless Cage Free Voices, LLC. and all personnel associated with this program from any and all liability that may result from my participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot communicate my requests.

Participant Name _____

Participant Signature _____ Date _____

PHOTO/VIDEO RELEASE (TO BE COMPLETED BY ALL):

I hereby authorize Cage Free Voices, LLC. (CFV) to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the CFV printed publications, website and training purposes.

I release Cage Free Voices, LLC. from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize the CFV to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by Cage Free Voices is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Cage Free Voices confers no rights of ownership whatsoever. I release Cage Free Voices, LLC., its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip:

Name and Age of Minor Child:

Name: _____ Age: _____

If you have any questions, comments or concerns, please contact 240-544-7189 or via email admin@cagefreevoices.com.



CANCELLATION REQUEST

Cancellation Request for service cancellation should be made a month prior to the termination date. The Student/Client is required to pay any fees that are due the month before cancellation.

I, _____, agree to the policies
and
procedures provided by Cage Free Voices, LLC.

(Student Name)

(Date)

(Student Name)

(Date)

(Student Name)

(Date)

(Student Name)

(Date)

(Student Name)

(Date)

(Signature /Signature of Parent or Guardian)

(Date)

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