



Photograph & Video Release Form

I hereby grant Resonance, LLC permission to the rights of my image, likeness and sound of my voice as recorded in photographs, on audio, or in video tape for for any lawful purpose including all marketing purposes, or teaching purposes, as well as in any publications, including web-based publications, without payment or other consideration.

I understand that my image may be edited, altered, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used for any lawful purpose within an unrestricted geographic area and irrevocably authorize Resonance, LLC to do so.

By signing this release I understand this permission signifies that photographic or video recordings of me may be displayed for any lawful purpose which includes being electronically displayed via the Internet as well as in the marketing materials of Resonance, LLC. I understand and agree that all photos will become the property of the Resonance, LLC and will not be returned.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I hereby hold harmless, release, and forever discharge Resonance, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

BY SIGNING THIS RELEASE I ACKNOWLEDGE THAT I HAVE COMPLETELY READ AND FULLY UNDERSTAND THE ABOVE RELEASE AND AGREE TO BE BOUND BY IT. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

Participant Name _____

Street Address _____ City / State / Zip _____

Phone _____ Email _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

I HAVE READ THE ABOVE RELEASE AND AGREE THAT IT IS ACCEPTED AND I REPRESENT THAT IT IS LEGALLY BINDING ON THE MINOR CHILD LISTED ABOVE.

Parent's Signature _____ Date _____



Waiver of Liability and Assumption of Risk Form

I am choosing to attend a **RESONANCE** Tap Experience. I understand that this is a “Waiver of Liability and Assumption of Risk Form.”

I understand that there are risks to participating in physical activity which requires exertion. I understand that accidents, serious bodily injury, property damage, and even death can occur during physical exertion resulting from negligence or otherwise. *Knowing the risks involved I nevertheless agree to assume those risks and to release all of the Released Parties (hereinafter defined) for any injury, death, illness, or property damages which occur during the Event or in the travel to and from this Event.* I also release the Event venue from all damage or injuries arising out of the Event, including those claims resulting from negligence.

I affirmatively state that I am in good health.

I hereby waive any claims I may have against Resonance, LLC along with their instructors, directors, members, volunteers, and employed personnel arising out of the Event or the Event venue (the “Released Parties”). I waive any claims I may have against sponsors of the Event and such other organizations associated with this event, from all liability as a result of my participation in the Event, whether caused by negligence or otherwise.

Waiver of Jury Trial. Arbitration. In any dispute involving the Released Parties and me which is in any way connected to the Event, I waive any right I have to a trial by jury. Instead, any claim I have shall be brought in binding arbitration through the American Arbitration Association pursuant to their rules and in the office closest to Pittsburgh, Pennsylvania.

I have had time to review this Form and seek the advice of an attorney. I understand that this Form is a material part of my agreement with Resonance, LLC.

I HAVE READ THE ABOVE AND I UNDERSTAND IT. I SIGN THIS FORM INTENDING TO BE LEGALLY BOUND.

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Participant Name _____

Signature _____ Date _____

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Parent’s Signature _____ Date _____