



ARTIST RELEASE

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I choose to participate in the activities at Orlando Bellydance Convention of my own free will and certify that I am in proper physical condition to take part in such activities.

By signing this document, I release Orlando Bellydance Convention and their sponsors, organizers, directors, owners, students, teachers, staff, employees, volunteers, associates (collectively referred to in this document as "OBC") from any liability or claim that I or my representatives may have against OBC with respect to any bodily injury, personal injury, illness, death, or property loss or damage that may result from my participation at OBC.

I understand that OBC may take photo and video recordings of me during my participation in OBC performances, classes and activities. I convey to OBC full rights and interest in these recordings. I understand such recordings may be used in advertising or other published materials, physical or virtual. I waive any rights of compensation or ownership thereto.

Signing this document certifies that I have read this document, understand it in its entirety, and agree to be bound by its terms.

Legal Name: _____ Age (in younger than 18): _____

Signature: _____ Date: _____

(If unable to sign, parent/Guardian Sign Only)

Parent Guardian Name: _____ Phone: _____

Parent Guardian Signature: _____ Date _____