

CONSENT AND RELEASE FOR PHOTOGRAPHY AND VIDEO PUBLICATION

1. I, _____, a client of Hovi, Inc. d/b/a Dance, etc! (the “Company”) and a participant in the Company’s dance programs, hereby consent to be recorded, photographed, videotaped and/or filmed by representatives of the Company for publication, display or broadcast by print, web, television, radio, digital display and all other forms of media (collectively, “Publication”) regarding my participation in the Company’s dance programs.

2. I understand that the content of any Publication may include personal information about me, including my image, photographs, videos and other images of me (collectively, the “Content”). I understand that the Company may images, photographs, videos, and other images of me, in whole or in part, in a Publication and it will no longer be protected by federal or state privacy laws and may be subject to redisclosure.

3. I understand that solely the Company may determine the content of any Publication. I understand and agree that the Company may create and publish, or have created or published on its behalf, advertising, publicity and promotional materials for publication and distribution that include or reference any Publication. I understand that the Company may edit as desired or use any such Publication, in whole or in part, in any form, format, or manner for its business purposes without any liability for such use.

4. I understand that I do not have any right to a royalty, commission, or any other payment related to the use of the Content or Publications by the Company.

5. I understand that I can revoke my consent at any time by providing a request in writing to Hovi Straus and that doing so will not affect my ability to continue participating in the Company’s programs, or any other treatment or benefits that I may receive. I understand that if I revoke this consent, the Content will not be used or disclosed as described in this form, except to the extent that my consent has been relied upon (for example, if the Content is already being used in a Publication).

6. I understand that I do not have to sign this Consent Form, and that my decision not to sign the form will not affect my ability to participate or continue participating in the Company’s programs, or any other treatment or benefits that I may receive.

I have read this Consent and Release Form, I understand it, and I am signing it voluntarily.

Name (print) Phone Number

Address

City State Zip

Signature of Person (or legal representative) Date

Authority of representative (e.g., parent, guardian)