ACDA 2016 Central Region
Anderson University
March 12-15, 2016

ACDA Video Waiver Agreement

I, ____________________________, as the choreographer or the faculty member empowered by the choreographer give my consent to the video recording of this dance with the understanding that this recording is for archival purposes, documentation and/or scheduling for the American College Dance Association and will be kept in the ACDA archives. No duplications of this recording will be made available without my written permission.

I further warrant that my institution has procured all necessary legal rights and authorizations to perform this dance. I shall save, indemnify, and hold the American College Dance Association (including its officers, directors or trustees, employees, agents, and independent contractors) harmless from and against any and all claims, damages, liabilities, costs and expenses (including attorneys’ fees) arising from your failure to secure any necessary rights for performing this dance.

AGREED AND ACCEPTED BY:

Name of School: __________________________

Title of Dance: __________________________

Signature: __________________________

Print Name: __________________________

Date: __________________________