

THE NEW YORK CITY DEPARTMENT OF EDUCATION	
JOEL I. KLEIN, <i>Chancellor</i>	

_____	_____
Student's Name (print)	Date of Birth
_____	_____
School	Telephone number
_____	_____
SPORT/ACTIVITY	EMAIL

**Seeds in the Middle/Zumba
Adult PARTICIPATION FORM: 2011**

I, _____, understand I am responsible for my behavior at all time, and agree not to hold the school or any of its employees or Seeds in the Middle responsible for any expenses or damages incurred as a result of my behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the class.

I agree to be responsible for the return of all equipment issued by the school.

I certify I have been seen by a medical doctor within the last year and was found able to participate in all sports and physical activities.

I agree to inform the school, Seeds in the Middle of any change in my medical or physical condition which develops or is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the staff member in charge or Seeds in the Middle may act in my behalf and at my expense in obtaining medical treatment for me.

In an emergency, please contact _____ at:

Work () _____

_____ Home () _____ Cell () _____

**PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE
(E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES):**

I hereby consent to my participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes by the New York City Department of Education (DOE), and Seeds in the Middle. The photograph(s), videotapes(s) and video recording(s) will depict images of the student's sessions at Seeds in the Middle events will be used exclusively for educational and promotional purposes.

I also grant to that DOE, Seeds in the Middle have the right to edit, use and reuse said photograph(s), videotape(s) and video recording(s) for educational and promotional purposes in any media sponsored by these agencies including the use of any printed matter, or Internet distribution in conjunction therewith. I also hereby release the City of New York, DOE, Seeds in the Middle and their agents and employees from all claims, demands, liabilities whatsoever in connection with the above photograph(s), video tape(s), and video recording(s). I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the DOE and Seeds in the Middle. I understand my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s).

I understand the media may be at Seeds in the Middle events and my child may be photographed or videotaped by the media.

_____	_____	_____
PRINT Name of Parent/Guardian	Signature	Date Signed