



Student's Name: _____ Age: _____

Parents' Names: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

Student's Email: _____

Parent's Email: _____

List all CLASS(ES) you are interested in – please include the name of the class, the day, and time:

ALLERGIES OR INJURIES _____

PHOTO/VIDEO PERMISSION

By submitting this form I am agreeing to authorize professional photographs and/or video to be taken by Ardent Images, LLC of the above-named student(s) during SPARK classes, performances, photo shoots, or other activities. I permit any resulting images or video to be used for Internet previewing, display, advertising by SPARK or Ardent Images, or other appropriate purposes without further compensation. I also understand Ardent Images' Standard Privacy Policy protects applies to these images and video and any personally identifying information that I provide to Ardent Images (either will be used for unrelated commercial purposes or intentionally provided to third parties without my approval). I understand all images and videos created by Ardent Images and Jeff Knowles are copyrighted and it is illegal to reproduce, print, or copy them in any way without permission.

Parent Signature _____ Date _____