

# ESSENTRICS

## ESSENTRICS INSTRUCTOR VIDEO | PHOTO SUBMISSION WAIVER FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Instructor Level: \_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

No. of Photos submitted: \_\_\_\_\_ No. of videos submitted: \_\_\_\_\_

Live Class Location(s) City & State/Province: \_\_\_\_\_

### PHOTOGRAPHY/DIGITAL FOOTAGE RELEASE WAIVER:

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**By signing this document, you have read and agree with all the statements above.**

Please ensure that everyone included in any video or photo you are submitting, including yourself, and those who have taken videos or photos have signed this waiver below.

***(Feel free to use extra forms if you need space for more signatures.)***

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