

# Junior Pantera Clinic Consent and Release Form

Junior Pantera Name: \_\_\_\_\_

Junior Pantera Age/Grade: \_\_\_\_\_

## Photo/Film Release:

I, \_\_\_\_\_, hereby consent to my child being:  
(check all that apply below)

- Filmed
- Photographed
- Videotaped

By the Colleyville Heritage Dance Department.

## Food Allergy Information and Consent:

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restrictions.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. She may participate, but may not eat or handle the following items (please list below)

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Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_