



**ACDFA Central Region Video Waiver Agreement**  
**University of Colorado**  
**March 10-13, 2004**  
**Return by December 15**

I, \_\_\_\_\_, as the choreographer or the faculty member empowered by the choreographer, give my consent to the videotaping of this dance with the understanding that this tape is being made for archival purposes, documentation and/or scheduling for the American College Dance Festival Association and will be kept in the ACDFA archive. No duplications of this tape will be made available without my written permission.

I also accept full responsibility for and verify that the choreography is the work of the stated choreographer and all appropriate and necessary licenses and permissions have been obtained and secured for the performance.

Signature \_\_\_\_\_

Title of Dance \_\_\_\_\_

Name of Institution \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to:**  
ACDF/Dance Program  
261 UCB  
Boulder CO 80309-0261  
303/492-5037  
FAX: 303/492-7722  
[www.colorado.edu/Conferences/acdf](http://www.colorado.edu/Conferences/acdf)

Video Waiver Form