

PHOTO RELEASE FORM

I, _____ grant permission and consent to Footlights Community Theater for the use of photography and videography as identified below for presentation under any legal condition, including but not limited to: social media, publicity, copyright purposes, illustration, advertising, and web content:

Description: All Photography and Videography of Signed Releasor Relating to Theater Activities Such as Rehearsals, Candid, Special Events, and Performances.

Payment

I understand that there shall be no payment for this release.

Royalties

I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Revocation

I understand that with my authorization below the photograph(s) or video(s) may never be revoked.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions. If Releasor is under the age of 19, a parent or guardian will take the role of Releasor and give consent to child under 19.

Releasor's Signature: _____ Date: _____

Print _____

Releasee's Signature: _____ Date: _____

Footlights Community Theater