

SHAKESPEARIENCE! PHOTO RELEASE FORM

I understand that SHAKESPEARIENCE! may, from time to time, take photographs, videos, or recordings of student work in the workshop setting for marketing, development, and archival purposes. In the event that a photographer or videographer comes to my WORKSHOP or CLASSROOM, I acknowledge that it is my responsibility to notify him/her of my desire not to be photographed or videotaped. I herewith acknowledge and hereby grant full rights and permission to copyright, use, reproduce, publish, and display all photographs, videos and recordings taken of me by SHAKESPEARIENCE! for publicity, marketing, and archival purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. It is my understanding that I hold no copyright for such photographs, videos, or recordings and that no charge or special compensation is or will be required for my service/s.

PARTICIPANT SIGNATURE _____

DATE _____

PARTICIPANT NAME (PRINT) _____

Optional: Please initial:

_____ If my photo is ever used for publicity, marketing, and archival purposes, I give permission for my name to be used.

IF STUDENT IS UNDER 18, A PARENT OR GUARDIAN MUST READ THE ABOVE AND SIGN THE FOLLOWING:

I am the parent or guardian of the minor named above and have the legal authority to execute the above release and approve the foregoing.

GUARDIAN SIGNATURE _____

DATE _____

GUARDIAN NAME (PRINT) _____

E MAIL ADDRESS _____

PHONE _____