**BRIGHTER CONNECTIONS THEATRE, INC.**

**PHOTOGRAPH & RELEASE FORM**

I hereby grant Brighter Connections Theatre, Inc. to the rights of my child’s image, likeness and sound of his/her voice as recorded on audio or videotape during the 2020 Season without payment or any other consideration. I understand that my child’s images may be edited, copied, exhibited, published or distributed. I waive the right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child’s image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

* Conference presentations
* Educational presentations or courses
* Informational presentations
* Social media (i.e. Facebook)
* Promotional material
* Brighter Connections Theatre’s official website

I will be consulted about the use of photographs or video recording for any purpose other than those listed above. By signing this release I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I hereby release any and all claims against Brighter Connections Theatre, Inc. in the utilization of this material.

I hereby affirm that I am the parent or legal guardian of the participating minor child listed on this form. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns**. I further understand that I may consult with an attorney before signing this Release Form.**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_