

Photo/Video Release

I hereby consent to and authorize the use and reproduction by Theatre Arlington, of any and all photographs, videos and other audio/visual materials taken of my son/daughter/my ward for promotional printed materials, educational activities or for any other use for the benefit of the program.

Name of Student/ Participant: _____

Camp or Program: _____

Name of parent or guardian: _____

Parent or guardian's signature: _____ Date _____

I DO NOT authorize Theatre Arlington to use and reproduce any photographic or audiovisual materials of my son/daughter/my ward for promotional printed material.

Signature, parent or guardian

Date _____