

# Client Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**I grant permission "Dixon Community Theater" to take photographs, videos, or other media of my child (write name) \_\_\_\_\_ for use in marketing, advertising, social media, website, newsletters, magazines, recruiting brochures, emails, books, and general publications.**

**I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.**

**Please initial below.**

**\_\_\_\_\_ I am the legal guardian of the above named minor and am competent to contract in my name. I have read this release before signing below, and fully understand the contents, meaning, and impact of this release. I understand and acknowledge that Dixon Community Theater will only take photographs and video which are modest and moral in nature and within the parameters set by the law.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print

Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print

Name: \_\_\_\_\_