

# Client Information

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

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

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

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I grant permission "Dixon Community Theater" to take photographs, videos, or other media 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 at least 17 years of age 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.

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

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