



Stamford Center for the Arts/Palace Theatre Photo Release Form

(All blank spaces must be completely filled in.)

I _____, parent/guardian of named child below hereby give to **Stamford Center for the Arts, Inc. /Palace Theatre**:

- a) The unrestricted right and permission to use, re-use, publish photographs/video portraits of my child in the Triple Threat Performer Intensive program.
- b) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction with the program.
- c) I hereby release, discharge and agree to save harmless Stamford Center for the Arts, Inc./Palace Theatre and its heirs, legal representatives or assigns, and all persons functioning under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

Childs Name _____

Parent/Guardian Signature: _____ Date: _____

E-mail Address: _____

Preferred Phone: _____