

Photo Release Form for Minors (if under 18)

The **Westcliffe Center for the Performing Arts** has my permission to use my or my child's photograph publically to promote the theater. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature:

_____ Date _____

Parent/Guardian's Name:

Child's Name:

Phone Number:

Photo Release Form for Adults

The **Westcliffe Center for the Performing Arts** has my permission to use my photograph publically to promote the theater. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature:

_____ Date _____

Name:

Phone Number:
