



# Way Way Off-Broadway Theatre Company

## PHOTO, VIDEO AND SOUND RECORDING RELEASE AND CONSENT FORM

By signing this Photo, Video and Sound Recording Release and Consent Form, you are irrevocably giving permission to Way Way Off-Broadway Theatre Company (the ORGANIZATION) and the Organization's officers, agents, employees, successors, licensees, and assigns to take and use photographs, video or sound recordings of you for the following production or project:

\_\_\_\_\_

Your consent to the use of the photographs, video and sound recordings and your image, likeness, appearance, and voice is for forever. You will not receive compensation for the use of your image, likeness, appearance, and voice now or in the future. The Organization may use the photographs, video and sound recordings containing your image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings. The photographs, video and sound recordings may be used for any educational, institutional, scientific or commercial uses. The Organization has the right and may allow others outside the Organization to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at the Organization's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to Way Way Off-Broadway Theatre Company.

You further give permission to the Organization to use your name, biography, and any other personal data, events, or other material in or in connection with any such uses of the photographs, video and sound recordings.

\_\_\_\_\_

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. I irrevocably give consent Way Way Off-Broadway Theatre Company and its officers, agents, employees, successors, licensees, and assigns forever to make use of my image, likeness, appearance, and voice in photographs, video and sound recordings as described above.

I acknowledge that I am fully aware of the contents of this release and am under no disability, duress, or undue influence at the time of my signing of this instrument.

IN WITNESS WHEREOF, I \_\_\_\_\_, set forth my hand.  
PRINT NAME

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_

If Participant is under the age of 18, Photo, Video and Sound Recording Release and Consent requires the agreement of a parent or legal guardian to all the terms and conditions set forth herein.

IN WITNESS WHEREOF, I \_\_\_\_\_, understand the terms and conditions set forth  
PRINT PARENT OR LEGAL GUARDIAN'S NAME

herein, and being the parent or legal guardian of \_\_\_\_\_ set forth my hand.  
PRINT MINOR'S NAME

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE