

Release Form for Media Recording



I, the undersigned, do hereby consent and agree that Acting Up Creative Drama Academy, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child(ren), _____ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting the Academy. I further understand that my child's name and identity will not be revealed therein or by descriptive text or commentary.

I do hereby release to Acting Up Creative Drama Academy, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent's Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____

Please make a copy of this for your own records and mail or bring the original to:

Gigi Parker Hudnall
Acting Up Creative Drama Academy
12002 Bandera Rd., ste 104
Helotes, TX 78023

If you have any questions, contact Gigi Parker Hudnall at (210)508-5894.