



VPA's Summer Theater Arts Program

TALENT RELEASE FORM

For valuable consideration, I do hereby authorize VALLEY PERFORMING ARTS and their photographer and those acting pursuant to its authority, to:

◇ Record my child's participation and appearance on video, audio tape, film, photograph, digital media, or any other medium.

◇ Use my child's name, likeness, voice, and biographical material in connection with these recordings.

◇ Exhibit or distribute such recording in whole or in part without restrictions of limitation for any promotional purpose which VALLEY PERFORMING ARTS and those acting pursuant to its authority, deem appropriate.

Minor's Printed Name _____

Address _____

City, State, Zip _____

Telephone _____

Parent/Guardian Signature

Parent/Guardian Printed Name

Date