



*****Please fill out the back once finished with this side!*****

Student Name: _____

Age/Birthday: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Emergency Contact:

Name: _____

Phone #: _____

Student allergies and/or medical conditions:

How did you hear about us?

Name/Date of Class: _____

Amount Due: _____

Model Release

I, _____, for good and valuable consideration, the receipt of which is hereby acknowledged, hereby irrevocably authorize Aviva Meyrowitz and Lights Camera Acting: Theater Fun for Everyone, to use photographs and video of my child/children:

Children/Child's Name:

and authorize her, licensees, legal representatives and transferees to use and publish photographs, pictures, portraits, video footage or images, for the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form on CDs or internet websites), for any product or services, or other lawful uses as may be determined by Aviva Meyrowitz and her company.

I further waive any and all rights to review or approve any uses of the images, any written copy or finished product.

Description of Images:

Children involved in acting games and activities

I am the parent or legal guardian of the above mentioned minor and have the legal right and authority to execute the above release on behalf of the minor.

Signed _____

Date _____

We'd love to notify you when your children's photos are featured on Facebook so you don't miss out on all the fun. Sign below to allow us to tag you in photos on Facebook.

Signed _____

Date _____