



PHOTO/VIDEO RELEASE FORM

I hereby authorize the Spectrum Empowerment Project (SEP) and the Board of Directors of the Youth Musical Theater Company (YMTC), and those acting pursuant to its authority a non-exclusive grant to:

- (a) Record my likeness and voice on video, audio, photographic, digital, electronic, online format or on any and all other media disseminated to public by any means.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, publish, republish, exhibit, edit, modify, or distribute, in whole or in part these recordings in all media without compensation for any purpose that the SEP, YMTC and those acting pursuant to its authority, deem appropriate, including promotional advertising efforts.

I hereby release the SEP and YMTC board and those acting pursuant to its authority from liability, claim, and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation, or invasion of privacy. I understand that all such recordings, in whatever medium shall remain the property of the SEP and YMTC. I have read and fully understand the terms of this release.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature: _____
(if applicable)

Date: ____ / ____ / ____

When completed, fax to: 774-488-3735

