

Strathcona County 'OverActing Imaginations' Youth Theatre Society

MODEL RELEASE

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I understand these photographs or footage may be used in any form of print media, advertising or promotion, including electronic retrieval systems (the Internet).

I understand that images posted to the OverActing Imaginations website for public viewing will not include individuals identifying information without a separate, prior consent.

I hereby waive any right to inspect or approve the photographs or video or any eventual use for which this material may be used.

This consent is also valid if Strathcona County 'OverActing Imaginations' Youth Theatre Society transfers rights to this material to others.

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NAME (PRINT) _____ SIGNATURE _____

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PARENT OR GUARDIAN'S CONSENT

I am the parent or legal guardian of the above-named minor. I consent to the foregoing, and use subject to the terms specified above.

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NAME (PRINT) _____ SIGNATURE _____

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