

Art in Motion Theatre Company
VIDEO AND PHOTO RELEASE FORM

VIDEO AND PHOTOGRAPHIC RELEASE: I understand and agree that during the production and performances of shows, I may be photographed and/or videotaped for internal and/or promotional use by or on behalf of the Art in Motion Theatre Company. I hereby grant and convey to the Art in Motion Theatre Company. all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Art in Motion Theatre Company's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

Participant Name

Name (First and Last)

Telephone No:

Email:

Do you accept the Art in Motion Video and Photo release terms? (required)

Yes ☐

No ☐

Signature of Participant

Date (YYMMDD)

Signature of Art in Motion Theatre Company

Date (YYMMDD)