**2017-2018 Season**

**PHOTO RELEASE**

**Name** of volunteer being photographed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location**: Orlando Repertory Theatre

**Event:** 2017-2018 Season (July 1, 2017-June 30, 2018)

I grant Orlando Repertory Theatre (Oranland REP), its representatives and employees the right to take photographs of me and my property in connection with the above-identified event.

I authorize The REP, its assigns and transferees to copyright, use, and publish these photographs in The REP’s print and/or digital marketing materials and other collateral.

I agree that The REP may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web and social media content.

I have read and understand the above.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under age 18)