



Photo/Video Release Form

Please note: This Release Form is required at the time you register for Ongoing Classes or Workshops. You will be prompted to accept this agreement waiver before checking out through our registration portal. Should you choose not to sign this waiver, your student will not be able to participate in Ongoing Classes, a Workshop or Industry Showcase. Please call 503.806.0909 or email info@actingforkidsandteens.com should you have questions.

By signing this release form, THE STUDIO NW/ACTING FOR KIDS, LLC, I agree the use the following personal information:

- (1) My picture - including photographic, motion picture, and electronic (video) images.
- (2) My Voice - including sound and video recordings

I hereby grant to THE STUDIO NW/ACTING FOR KIDS, LLC, it's subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (Video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media, including without limitation, cable and broadcast television and the internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. The permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.



Photo/Video Release Form (cont)

I further grant THE STUDIO NW/ACTING FOR KIDS, LLC all rights, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant THE STUDIO NW/ACTING FOR KIDS, LLC the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for THE STUDIO NW/ACTING FOR KIDS, LLC use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied. I acknowledge that I have read the foregoing and I fully understand the contents.

Student Name

Participant/Parent Signature

Date