MEDIA CONSENT FORM AND RELEASE FOR ADULTS & MINOR CHILDREN

I am the parent/guardian of ________________________________________________
(Please print full name of child) (“My Child”).

I hereby grant Ensemble Theatre of Cleveland their agents the absolute right and permission to use photographic portraits, pictures, digital images and recordings of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to:

- Use in any printed publications and materials
- Use on the websites, for promotional videos, for programming, as posts on all social media platforms, and for use on digital interactive platforms like Zoom belonging to Ensemble Theatre of Cleveland and their agents, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child’s likeness appears, or the use to which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless Ensemble Theatre of Cleveland and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child’s photographic portraits, pictures, digital images or recordings, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

IF 18 or OLDER:
I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

Signature: ______________________________ Date: ____________

IF UNDER THE AGE OF 18: (Both parents/guardians, if possible)

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

☐ CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above-named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

☐ NON-CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above-named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

*Please note non-consent will preclude participation in camp programs.

Legal Guardian (1)

Signature: ___________________________________________ Date: ____________

Relationship to child: ________________________________ Phone: ( ) ____________ - ____________

Legal Guardian (2)

Signature: ___________________________________________ Date: ____________

Relationship to child: ________________________________ Phone: ( ) ____________ - ____________