

Photo/Video Permission Form

YES: I, _____ (parent/guardian please print your name in the blank), give my permission to the Vermont Children's Theater to use photographs and video of my child for promotional uses, and I understand that my child's name may appear with their photo/video in the newspaper, advertising brochures, grant proposals, or in other public venues, including the internet.

NO: I, _____ (parent/guardian please print your name in the blank), do NOT give my permission to the Vermont Children's Theater to use photographs and video of my child that include the name of my child.

PLEASE NOTE if you check NO above: The Vermont Children's Theater may still use photos and video of your child **without a name attached**, or we may use a group photo that **includes your child** for advertising, grant proposals, or other public venues, including the internet, unless you specify below that the Vermont Children's Theater should not use any photo/video of your child at any time for any reason. Thank you.

NEVER: I, _____ (parent/guardian please print your name in the blank), do NOT give my permission to the Vermont Children's Theater to use my child's **photo** in any way or at any time.

NEVER: I, _____ (parent/guardian please print your name in the blank), do NOT give my permission to the Vermont Children's Theater to use my child's **video** in any way or at any time.

I have read the VCT Photo/Video Permission Form and understand my rights as a parent/guardian to grant permission to the Vermont Children's Theater to use either a photo/video of my child with a name attached or a photo/video without a name attached, or to withhold permission to use any photos/videos. I further understand that the Vermont Children's theater will attempt to respect my wishes regarding photos/videos to the best of their ability and that the board of VCT may not have jurisdiction over all photos/videos taken at the theater. The Vermont Children's Theater shall be held harmless for any issues, damages, or otherwise that may occur as a result of photo/video usage.

Parent/guardian's signature: _____ Date: _____

Participant's name: _____

S.H.A.R.E. Agreement Form (Required for participants in the middle and teen groups)

I, _____ (print participant's name), agree to S.H.A.R.E. the responsibility of making the magic of theater come alive this summer at VCT. I have received a copy of and have read the expectations and am willing to follow them to the best of my ability. I further understand that if at any time during the VCT season I feel or see anything unsafe or uncomfortable, I will tell one of my directors or a VCT board member.

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____