

Photograph Release

Theatre with a Twist, Inc.
PO Box 593
Acton, MA, 01720

Event: _____

I grant to Theatre with a Twist, Inc. the right to take photographs of me/ my child in connection with the above-identified event. I authorize Theatre with a Twist, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Theatre with a Twist, Inc. may use such photographs of me/ my children with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Participant Name

Parent/Guardian Name (please print) (as applicable)

Parent/Guardian Signature (as applicable)

Date
