



# [SAMPLE] Video & Photo Release Form

TheatreTO

2025-2026

**ISSUED BY**

YOUR COMPANY NAME

**REPRESENTATIVE**

YOUR NAME

YOUR EMAIL

YOUR PHONE



## Video & Photo Release Form

Event/Project Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Volunteer Information

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### Consent

I, the undersigned, give permission to [COMPANY NAME] to:

- Take photographs, video recordings, or other images of me while I am participating in [EVENT/PROJECT].
- Use these images for promotional purposes, including but not limited to: social media, websites, newsletters, printed materials, and other communications.

I understand that:

- I will not receive payment for the use of these images.
- [COMPANY NAME] owns the rights to the images and may use them at their discretion.
- I can withdraw my consent at any time by contacting [CONTACT INFORMATION].

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### **Acknowledgment**

I have read this release and fully understand its contents. I agree to the above terms voluntarily.

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

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

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

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