



[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: _____

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].

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: _____