

AURORA THEATRE COMPANY

Photo / Video Release Form

Name: _____

Production / Event: _____

Date: _____

Consent

I hereby grant permission to the Aurora Theatre Company to photograph, film, and/or record me in connection with theatrical productions, rehearsals, and promotional events.

Usage

I authorize Aurora Theatre Company to use my image, likeness, and voice in any media — including print, digital, online, or video — for promotional, educational, and archival purposes, without payment or further consent.

Duration

This release is granted for use in perpetuity and applies to all current and future media created by the Aurora Theatre Company.

Signature: _____

Date: _____

Email / Phone: _____