

**AURORA THEATRE COMPANY**  
**Photo / Video Release Form**

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**Name:** \_\_\_\_\_

**Production / Event:** \_\_\_\_\_

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

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**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.

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**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.

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**Duration**

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

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

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

**Email / Phone:** \_\_\_\_\_