

Photo / Video Release (Adult)

Date

I hereby authorize Broadway Media Distribution ("BMD") and its designee(s) to photograph and/or video record me, (full name)
and/or use existing photographs and/or video recording(s) made of me in conjunction with the (school / theater name)
production of (name of show).
I further grant BMD and its assignees and licensees the right to broadcast, exhibit, market, sell, and otherwise distribute the photos/video recordings, either in whole or in parts, and to use my name in connection with such uses, in any media whatsoever, and either alone or with other products, for commercial or non-commercial purposes that BMD or its designees in their sole discretion may determine. This grant includes the right to use the photos/video recordings for promoting or publicizing any of the above stated uses. I understand that I will not receive compensation, now or in the future, in connection with any such uses. This release and the rights granted hereunder may be assigned, licensed, sublicensed and transferred as BMD may see fit. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against BMD and its assignees and licensees utilizing this material for the above purposes.
Signature
Print Name



Photo / Video Release (Student)

	Distribution ("BMD") and its designee(s) to ild,(full name)
and/or use existing photographs and	d/or video recording(s) made of my child in (school / theater name)
market, sell, and otherwise distribute to in parts, and to use my name in whatsoever, and either alone or non-commercial purposes that BMD determine. This grant includes the repromoting or publicizing any of the alreceive compensation, now or in the frelease and the rights granted hereur and transferred as BMD may see fit. By completely read and fully understand	and licensees the right to broadcast, exhibit, he photos/video recordings, either in whole or connection with such uses, in any media with other products, for commercial or or its designees in their sole discretion may ight to use the photos/video recordings for bove stated uses. I understand that I will not future, in connection with any such uses. This inder may be assigned, licensed, sublicensed y signing this form I acknowledge that I have the above release and agree to be bound claims against BMD and its assignees and above purposes.
Signature of Parent or Guardian	Name of Child
Print Name of Parent or Guardian	
Date	



Photo / Video Release Affidavit (School / Organization)

As a duly authorized representative, on behalf of "Organization", I duly warrant that the according represent releases for all participants who appear to Broadway Media Distribution "BMD" by representative, on behalf of the Organization, I the right to print, publish, broadcast, exhibit photos/video recordings, either in whole or in participants whatsoever, and either alone or non-commercial purposes that BMD or its assumay determine. This grant includes the right to or publicize any of the above stated uses. The unorganization owns or controls the necessary referenced in this Release to grant the foregoin	companying (number) photo/video releases ar in the photos and/or video footage supplied the Organization. As a duly authorized grant to BMD and its assignees and licensees, market, sell, and otherwise distribute the arts, and to use the Organization name, in any with other products, for commercial of signees and licensees in their sole discretion use the photos/video recordings to promote undersigned represents and warrants that the rights in the photos and/or video recordings
neither the Organization nor any participant not compensation, now or in the future, in connect rights granted hereunder may be assigned, like may see fit. By signing this form, I acknowled understand the terms of this Release and agree representative of the Organization, I hereby reassignees and licensees utilizing this material for	cion with any such uses. This Release and the censed, sublicensed and transferred as BME edge that I have completely read and fully see to be bound thereby. As a duly authorized lease any and all claims against BMD and its
Signature	Organization Name
Print Name	Job Title

Date