

Media Release Form

Name of Grantor:

Child's Name (if individual is under age of consent):

Street Address:

City & Province:

Postal Code:

Telephone Number:

E-mail:

I hereby grant to Walterdale Theatre Associates, its agents, successors and assigns, the worldwide right in perpetuity to photograph, film, videotape, or audiotape the following subject matter for any and all reasonable purposes including promotion, archival storage, distribution to cast and crew and display in historical or other publications.

My or my child's person and voice in regard to the Walterdale production:

I represent that this right will not infringe or otherwise violate any copyright, proprietary right, individual right, or the right of privacy of another person or organization, and I hereby release, indemnify, and save harmless Walterdale Theatre Associations its employees, agents, successors, and assigns from and against all claims arising from a breach of this representation. I also waive any copyright moral rights I have in the subject matter.

Please sign and print names as indicated.

Grantor

Witness

Dated at _____ on _____, _____
(Location) (Date)