



133 CWM CENTER • HOUSTON, TEXAS • 77204-4016 • 713-743-3003

## **MEDIA RELEASE FORM**

I hereby grant permission to the University of Houston School of Theatre & Dance to photograph/interview/video recording my child, \_\_\_\_\_ . It is my understanding that this photograph/interview/video recording or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases the University of Houston School of Theatre & Dance from any future claims as well as from any liability arising from the use of said photograph/interview/video recording.

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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