



HOUSTON SHAKESPEARE FESTIVAL CONSERVATORY

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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: _____