## CCMS Theatre Arts Program Film and photography release Form

and parent volunteers will take pictures, fil	how (posters, signs, etc.) YesNo te YesNo re YesNo
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Print Name:	
Street Address:	
City, State, Zip:	
Names and Ages of Minor Children:	
Name:	Age:
Name:	Age:
Name:	Age:
**I do not give CCMS Theatre Arts permiss or website or for any promotional purposes	ion to use my familys' pictures etc in any publication
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