



SOLON CENTER FOR THE ARTS

Art • Music • Theater • Dance

SOLON CENTER FOR THE ARTS Release for use of photographs and videotape (Rev. 2-25-2011)

For good and valuable consideration, I hereby give Solon Center for the Arts, its legal representatives and assigns, those for whom Solon Center for the Arts is acting, and those acting with its permission, or its employees, the right and permission to use, reuse, and/or publish, and republish photographic pictures and portraits of me/my child, or reproduction thereof in color, or black and white, made through any media, including local cable stations and the internet (i.e. Solon Center for the Arts Facebook page and website), by Solon Center for the Arts, for any purpose whatsoever, including the use of any printed matter in conjunction therewith.

I hereby release, discharge, and agree to save harmless Solon Center of the Arts, its representatives, assigns, employees or any person or persons, corporation or corporations acting under its permission or authority, or any person, persons, corporation, corporations, for whom it might be acting including any firm publishing and/or distributing the finished product in whole or in part, from and against any and all liability or claims arising out of such use.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and state that I fully understand the contents thereof.

- YES, SCA may take and use photographs and/or videotapes of my child (children) for the ABOVE STATED PURPOSES.
- YES, SCA has permission to photograph and/or videotape my child (children) and may ONLY use these photographs and/or videotapes in catalogues/periodicals (that may appear on the internet) and for video documentation. HOWEVER, I DO NOT CONSENT to allow SCA to place any additional images and/or video of my child (children) on the internet.
- NO, SCA may not take or use photographs and/or videotape of my child (children) for the ABOVE STATED PURPOSES. Therefore, I acknowledge that my child (children) will not be included in public performances that are photographed and/or videotaped for documentation.

I fully understand that Solon Center for the Arts and the City of Solon will not be held responsible for what other individuals/organizations do with personal photos or DVDs they have created and/or purchased of theatrical productions and/or recitals.

NAME OF CHILD/ CHILDREN (print)

ADDRESS

CITY/ STATE/ ZIP

PARENT/ GUARDIAN (print)

ADDRESS

CITY/ STATE/ ZIP

PARENT/ GUARDIAN (print)

ADDRESS (if different)

CITY/ STATE/ ZIP

PARENT SIGNATURE

PARENT SIGNATURE

Signed at Solon, Ohio, this _____ day of _____, _____.