



OLD LIBRARY THEATRE

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MEDIA RELEASE FORM

PLEASE COMPLETE THE INFORMATION BELOW:

LEGAL FIRST NAME

LEGAL MIDDLE NAME

LEGAL LAST NAME

STAGE NAME/NICK NAME/ALIAS (IF ANY)

NAME OF PRODUCTION

BY SIGNING THIS CONTRACT, I ACKNOWLEDGE THE FOLLOWING:

* I hereby consent to participation in interviews, the use of quotes, the taking of photographs and video recordings as part of my involvement with Old Library Theatre.

* I grant Old Library Theatre and its agents and employees the right to edit, use and reuse said products for profitable purposes, including in print, on the internet and all other forms of media.

* I hereby release Old Library Theatre, the Borough of Fair Lawn and their agents and employees from all claims, demands and liabilities whatsoever in connection with the above.

SIGNATURE (IF OVER 18)

DATE

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE

PRODUCER NAME

PRODUCER SIGNATURE

DATE

