

Children's Musical Theatre Workshop, Inc.

A 501 (C) (3) Not For Profit Corporation
Serving the Children of Volusia and Flagler Counties

In order to keep you better informed of the schedules, special events and crucial show information, we are requiring an e-mail address for every student. If you do not have an e-mail address and wish to have a phone call, please include your telephone number.

Parent name: _____

Student(s) name(s): _____

Class(es):(circle) 3½ - PK K - 1st 2nd - 3rd 4th - 5th 6th & up

E-mail address: _____

Signature: _____

PHOTO / VIDEO PERMISSION

Consent, Waiver, Release

For and in consideration of the benefits to be derived from the furtherance of the educational programs of Children's Musical Theatre Workshop, Inc., (I) / (We), the undersigned parent(s), or legal guardian(s) of _____, my student(s) enrolled at Children's Musical Theatre Workshop, Inc., of Ormond Beach, Florida, it agents, employees or duly authorized representatives to take photographs, motion pictures, video or audio tapes of said student(s) and do further consent to the publication, circulation, and dissemination of said photographs, motion pictures, video or audio tapes, or any duplication or facsimiles thereof for any purposes it may deem proper.

In granting such permission, (I) / (We) hereby relinquish and give to the Children's Musical Theatre Workshop, Inc., of Ormond Beach, Florida, all right, title and interest (I) / (We) may have in the finished pictures, negatives, reproductions or copies, and further waive any and all rights to approve the use of such photographs, motion pictures, video tapes or audio tapes and so release any and all claims of any nature whatsoever arisen for their use.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

Visit our website at www.cmtworkshop.org