



Dear Participants,

We at the Siskiyou Arts Council sincerely hope you and/or your child is enjoying this activity. We request your permission to photograph and/or record you. Photos and/or recordings will be used by Siskiyou Arts Council and the photographer/videographer. They will help publicize and promote Siskiyou Arts Council activities and arts education.

If you are willing for yourself and/or your child to be included in these photos and recordings, please sign the Model Release form below and return this to the Siskiyou Arts Council. Thank you so much for your participation.

Model Release

I hereby irrevocably consent to and authorize the use and reproduction by the Siskiyou Arts Council, the photographer and/or videographer, and/or any party authorized by them, of any and all photographs and/or recordings which may be taken of me or my child during a Siskiyou Arts Council supported activity or event for any purposes whatsoever without compensation to me, to use in any and all media, now or hereafter known, in conjunction with any and all SAC venues and via the internet. All photos and/or recordings shall remain the property of the photographer/videographer and/or Siskiyou Arts Council. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Siskiyou Arts Council, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I warrant that any copyrighted material is appropriately credited. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement, or that my guardian so designated below agrees.

Child's
name: _____
Adult's
name: _____
Address: _____
Phone: _____
Email: _____

(If release is for a child) I am the parent and guardian of the minor named above and have the legal authority to execute the above release. I have read this release and approve the foregoing.

Signature: _____
Date: _____