



# Photo Release Form 2018-19



I, \_\_\_\_\_, being the Parent/Guardian of  
(Parent/Guardian's Full Name)

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(Child's Full Name)

\_\_\_\_\_ do hereby consent that photographs may be taken of my child during Fairfax High School Theatre activities, productions, trips or camps and that they may be used the FHS Theatre Boosters for publicity purposes to include posting on their website and in written promotional materials.

OR

\_\_\_\_\_ do NOT consent that photographs my be taken of my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)