

PHOTO / VIDEO CONSENT

I authorize Music Mountain Theatre to take/use photos and video of myself/my child for educational or promotional purposes in any type of media, including its website.

Name:	Date:
Signature: (signed by parent or guardian if stud	
(signed by parent or guardian if stud	dent is under 19 years of age)
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LI	ABILITY WAIVER
myself, my heirs, executors and adminitor personal injuries or property damag	gistration to provide class(es) for my child/myself, I hereby for istrators, waive and release any and all of my rights and claims ges I may have against Music Mountain Theatre and its agents ffered by me or any member of my family.
By signing below, I acknowledge and a	accept the above statement.
Name:	Date:
Sianature:	
Signature: (signed by parent or guardian if stud	dent is under 19 years of age)