

Bluffton Youth Theatre – Photo Release Form

Please sign below

I grant Bluffton Youth Theatre permission to photograph my child any time they are at a BYT function. I grant them permission to use my child's photo for use on the Facebook page, Instagram, Website and playbills if it is for theatre use alone and not for personal use of any of the members.

I also recognize that, if my child is not able to attend the day assigned for professional head shots, I will pay a penalty of \$50 for the photographer to return to take a photo of my child. I also realize that only the photographer chosen by Bluffton Youth Theatre may take my child's head shot.

I have read and agree with the above statements.

Printed Name: _____

Signature: _____

Child's Name: _____

Date: _____