

Parents: Please complete this form and return as soon as possible. If you do not wish your child to be photographed, please make sure your child is aware of this fact. Please place in "photo release" file.

*Downriver Youth Performing Arts Center
DYPAC*

PHOTOGRAPHIC RELEASE

I hereby authorize and give full consent to Downriver Youth Performing Arts Center (DYPAC) to take and have taken all photographs, images, digital and /or films of the child (children) listed below. It is further agreed that they may use, or cause to be used, these photographs for any and all exhibitions, public displays, publications, internet use directly related to DYPAC's web site, commercial art and for advertising purposes without limitation, reservation, or compensation.

Children's names: _____

Parent Signature

Date

Witness

Date

I do not give permission for my child to be photographed. _____