

## Consent Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Arts Council of Livingston Parish to use the image of my child, \_\_\_\_\_ as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the spotlight Theater website and social media pages.

\_\_\_\_\_ **Deny permission to use my child's image at all.**

\_\_\_\_\_ Grant permission to use my child's image in the following ways:

Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video and digital media. I agree that these images may be used by Arts Council of Livingston Parish for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian printed signature \_\_\_\_\_

Phone: \_\_\_\_\_

Please make a copy of this form for your own records and email or bring original to class:

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info@artslivingston.org