



Ignite Circus* Media Release Consent Form

Please ensure one box is checked for **Part 1** and one box is checked for **Part 2** of this form.

PART 1 - EVENTS

I, _____, hereby agree and give my permission for Ignite Circus Social Circus Program
(Name of student or parent or guardian if applicable)

and/or its agents, representatives or partners (collectively "Ignite Circus") to record, film, photograph, audiotape or videotape my/my child's name, image, student work and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the Ignite Circus websites, affiliated venues, on social media sites and/or for broadcasting on television or radio as determined by Ignite Circus.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the Internet or in other publications outside Ignite Circus's control. I agree that I will not hold Ignite Circus responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that you/your child may participate in the recorded Ignite Circus events and Ignite Circus-hosted events as described above.

Please mark this box if you **DO NOT WISH** that you/your child participate in recorded Ignite Circus events and Ignite Circus-hosted events.

PART 2 – MEDIA SPECIFIC

I also understand that external media organizations may attend Ignite Circus events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audiotaped or videotaped for the purpose of being published and/or broadcast online, on television or radio.

Please mark this box if you **AGREE** that you/your child may participate in media events that may be published or broadcast by organizations external to Ignite Circus.

Please mark this box if you **DO NOT WISH** that you/your child be photographed, filmed, audiotaped or videotaped at media events.

I have read this Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Director with any questions regarding this release.

Please print

Student Name _____ Age: _____

Student's Signature: _____

Preferred Stage Name _____

Please print

Parent/ Guardian's Name: _____

Parent/ Guardian's Signature: _____

DATED the _____ day of _____, 2019.