



Release Form

Date: ____MM____DD____YR

Name of Child: _____

Name of Second Child: _____ Name of Third Child: _____

Parent/Guardian: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

I understand that from time to time, CirKids records the practice sessions and the performances of children participating in the programme.

I hereby give permission for CirKids to:

1. Record my child/children's activities at CirKids and to use that recording with my Child/Children's image or images in the production of promotional, documentary, and archival materials for CirKids;
2. Edit or delete any part of the recording;
3. Distribute all or any part of the recording;
4. Use all or part of the recording for advertising or publicizing of CirKids;

I understand that the recording made by CirKids shall be the sole and exclusive property of CirKids. CirKids may not assign this release to any person, corporation, or society.

I hereby release, discharge, and agree to save harmless, CirKids, its staff, parents, Board Members, and any other individuals involved in recording and reproducing the activities of CirKids.

Child (signature)

Child (signature)

I hereby warrant that I am of full age, and that I have read the above authorization, release, and agreement, and that I am fully familiar with the contents thereof. This release shall be binding upon me, and my representatives and assigns.

Parent (signature)

Date