

**Alberta High School Drama Festival Association**  
**Model Release Form**  
Provincial High School Drama Festival

School: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

I, \_\_\_\_\_ (parent, guardian) hereby authorize the AHSDFA or persons authorized by them, the use of any photographs/film associated with this project without compensation for use in publications, web sites, & / or promotional materials.

I understand that signing this release does not guarantee the publication of photos/film/footage. It is understood that all copyrights remain the property of AHSDFA when used on the AHSDFA web site.

**Please fill out the section that applies to the participant:**

**1** If Participant is UNDER 18 years of age, their parent / guardian must give consent as follows:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**Please Print**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**2** If Participant is 18 years of age OR older:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_