



444 Bedford Road
Pleasantville, NY 10570
Phone (914) 747-0256 info@magicboxproductions.org
www.magicboxproductions.org

STUDENT PHOTOGRAPHY, VIDEOGRAPHY & ANIMATION RELEASE FORM

Participant Name: _____

School: _____

Class: _____

Teacher : _____

I, _____, give Magic Box Productions, Inc. permission to exhibit and use my child(s)
Print PARENT or GUARDIAN Name
reproduced work for exhibition and promotional purposes. My child's school will retain all original data files and memory cards. We may use the reproduced artwork in one or more of the following ways:

1. Use as a demonstration project/activity in educational workshops, classes, and/or conferences.
2. Use as a sample project/activity on CDs created by Magic Box Productions Inc., for use in educational workshops and student classrooms.
3. Post work on the school and /or Magic Box Productions website, as well as Magic Box Productions Vimeo Channel on the Internet.
4. Submit as samples for foundation applications.
5. Use portion(s) of the project(s) recording made during a presentation, public or private, in future non-commercial performance or recordings demonstrating new media, media arts education or computer media, general.

I also agree to my child's participation in interviews, taking of photographs, movies, or video. I give permission for my child's or my own image and voice to appear in those productions and acknowledge that such productions may be viewed publically. I hereby release Magic Box Productions Inc., and its agents and employees from all claims, demands and liabilities, whatsoever, in connection to the above. At no time will information be sold to a third party. Information collected is solely for future mailings and event invitation related to Magic Box.

Signature

Date

Address of Parent or Guardian

Email Address

City, State and Zip Code