

Photo and Make up Release

(Please initial) _____ I hereby grant permission to SkyRise Children's Theater to photograph the SkyRise participant during activities to use the photographs in SkyRise audio-visual and printed materials without compensation or approval rights.

During this course we will be working with professional stage make up such as **Ben Nye**. Please list and describe any skin allergy's your child may have. If your child does not have any problems with makeup being applied to there skin, please sign below, giving us permission to teach makeup techniques by applying make up to their face and/or neck.

I hereby grant permission to SkyRise Children's Theater to use makeup on child listed and release all persons acting under its permission or authority, from any liability in connection with the products applied.

Signature of Parent or Guardian: _____ Date: _____

Signature of Minor: _____

Printed Name of Minor: _____

Address: _____

City: _____ State: _____ Zip: _____