Maui
Arts & Cultural Center

PHOTOGRAPHY & VIDEO RELEASE

Authorization:

I hereby grant the Maui Arts & Cultural Center (MACC), its representatives, and assigns permission to photograph and/or record video of myself, my child, and/or the minor(s) in my care listed below during MACC programs, activities, and events.

I authorize MACC to use these photographs and/or video recordings for promotional, educational, and informational purposes, including but not limited to printed materials, publications, advertising, websites, social media, and other digital platforms.

I understand that these images and recordings may be edited, reproduced, published, or distributed without further notice or approval. I waive any right to compensation for their use and release MACC, its representatives, and assigns from claims arising from the authorized use of these materials.stand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Please complete the following information:

_____ _____ _____

Event Name *Event Date* *School or Organization (if applicable)*

_____ _____

Participant Legal Name (First & Last) *Participant Date of Birth*

PHOTO & VIDEO RELEASE AUTHORIZATION

Please select one:

☐ **I am 18 years of age or older and authorize the use of my image and/or video as described above.**

☐ **I am the parent or legal guardian of the minor participant named above and authorize the use of their image and/or video as described above.**

_____ _____

Printed Legal Name (First & Last) *Phone Number*

_____ _____

Signature *Date*