



THE  
GOODWILL THEATRE

# 2017 Summer Performance Workshop

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

By checking below, I give my permission for the following:

\_\_\_\_\_ **Photographs/Media:** I permit my child to participate in any director-approved photographs/media pictures used to promote Goodwill Theatre Inc. or any event that we are participating in. These photos may be used in the newspaper or television releases as well as for displays used to introduce the public to our programs.

\_\_\_\_\_ **Food/Snacks—Parents:** I give my permission for my child to eat special food/snacks brought in by parents, given that the snacks are store-bought. Please comply with any food restrictions listed below. My child has the following food allergies:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I understand that I have the right to withdraw my consent on any of the above items at any time. In such an event, I will submit my withdrawal of consent in writing to the director..

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date