



a program of StoryArts Group, Inc.

PHOTO/VIDEO/AUDIO RELEASE AGREEMENT

I agree to and give my permission to Odyssey Storytelling Series to photograph, videotape me and to record my voice while I am performing for Odyssey Storytelling.

These reproductions are owned solely by Odyssey Storytelling and StoryArts Group and I release any interest I may have in them. They may be used by Odyssey Storytelling and StoryArts Group for the purposes of advertising and promotion, as part of the historical archives of Odyssey Storytelling Series, or any other purposes that Odyssey Storytelling deems necessary.

I, _____ agree to the above and release Odyssey Storytelling and StoryArts Group from any future financial obligations to me.

Signature

Date

We are collecting demographic information in order to better serve the entire community and for grant-writing purposes. The following information would be very helpful to us and it is **TOTALLY OPTIONAL**.

Gender _____

Ethnicity/Race _____

Age _____

THANKS!

