



**PSF Student Photo Release Form  
Shakespeare Competition 2019**

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In signing this release, I give the Pennsylvania Shakespeare Festival and DeSales University the right to use, publish, display, and/or reproduce any video/recorded voice/photographs in which I appear, including the right to edit or use a portion or all of the video/recorded voice/photographs for promotional publications, promotional materials, the Pennsylvania Shakespeare Festival website and/or other program related purposes.

I further agree that the Pennsylvania Shakespeare Festival will own the video/recorded voice/photographs and all rights to them.

I do not give permission for my full name to be published.  
(If this is checked, we will only include your first name and last initial.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18 years of age, this must be signed.)

Please return to:  
Pennsylvania Shakespeare Festival  
Attn: PSF Shakespeare Competition  
2755 Station Ave.  
Center Valley, PA 18034