



## 2024 Emerging Artist Release Form

Participant Name: \_\_\_\_\_

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 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.)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return via email to: [pennshakesfest@gmail.com](mailto:pennshakesfest@gmail.com)

Any questions regarding this form or the Emerging Artist Showcase please email [pennshakesfest@gmail.com](mailto:pennshakesfest@gmail.com)