

Photograph and Publicity Release Form

I,	
I have read and understood this consent and release	e.
I give my consent to the University of Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wisconsin-Wiscons	
Participant's Name (please print)	School
Signature Parent / Legal Guardian	Date
I do not give my consent to the University of Wisco Auditorium to use my child's name and likeness to p Theatre program, its fiscal agent, and/or their activiti	romote the Missoula Children's
Participant's Name (please print)	School
Signature Parent / Legal Guardian	 Date