

CHICAGO SHAKESPEARE THEATER

Chicago Shakespeare Slam 2024

TEACHER COACH PUBLICITY RELEASE FORM

I hereby consent to be photographed, videotaped, audio-taped, and/or interviewed by Chicago Shakespeare Theater or the news media in conjunction with my participation in the Chicago Shakespeare Slam 2024-25.

I also consent to Chicago Shakespeare Theater's use of my photograph or likeness or voice on the Internet, including on Chicago Shakespeare Theater's social media platforms, or any other electronic/digital media or print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me, will become due to me, my heirs, agents, or assigns at any time because of my participation in any of the above-described use of my creative work, photograph, likeness or voice.

Print Name _____

Your Signature _____ Date _____

Your IEIN Number from ISBE (if you wish to receive CPDUs for the Saturday workshop) _____