## **MEDIA CONSENT & RELEASE FORM**

	GUITAR LESSONS AND MORE
Student's Name * PLEASE PRINT *	SPATI O'BRIEN
	1672 Apple Tree Lane
Parent/Guardian Name (if student is a minor) * PLEASE PRINT *	West Chicago, IL 60185
	(630) 421-6867 cell (630) 225-5080 fax
Phone	mattlovesguitar@gmail.com
<u>Email</u>	mattlovesguitar.com
By signing below, I acknowledge that I am a student of Guitar Lessons a Please indicate your consent by checking one of the options below.	nd More or the parent/guardian of a minor student
☐ Option 1: I CONSENT	
By signing below, I grant permission to Guitar Lessons and More, its photographs and video footage of me or my child taken during lessons purposes. These images and videos may be used on the Guitar Lessons other marketing materials.	s, performances, or other activities for promotiona
I understand that I will not receive any compensation for the use of thes the right to revoke this permission at any time by providing written notic	_
☐ Option 2: I DO NOT CONSENT	
By signing below, I do not consent to me or my child being photographe other Guitar Lessons and More activities. I understand that my or my c not be used for any purpose.	
Adult Student Signature or Parent / Guardian Signature (if student is a minor)	Date

Last Updated: 09-19-2025