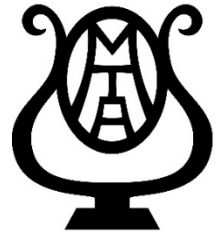


# PHOTOGRAPH AND VIDEO AUTHORIZATION FORM



1. **PARTIES:**

"MUSIC INSTRUCTOR": \_\_\_\_\_  
(Name of Music Teacher, Music Instruction Business, or Organization)

"PARENT": \_\_\_\_\_  
(Name of Parent or Legal Guardian)

"CHILD": \_\_\_\_\_  
(Name or Names of Child or Children Covered by Authorization)

2. **AUTHORIZATIONS:** By placing his or her initials next to the corresponding activity set forth below, the PARENT authorizes the MUSIC INSTRUCTOR to undertake that activity:

<u>Initials</u>	<u>Activity</u>
_____:	To take and use photographs of my CHILD for promotional or educational purposes on websites, social media, and other educational or promotional materials used by the MUSIC INSTRUCTOR. This authorization <input type="checkbox"/> includes or <input type="checkbox"/> does not include permission to utilize my CHILD's name in conjunction with the photographs.
_____:	To take and use video of my CHILD for promotional or educational purposes on websites, social media and other educational or promotional materials used by the MUSIC INSTRUCTOR. This authorization <input type="checkbox"/> includes or <input type="checkbox"/> does not include permission to utilize my CHILD's name in conjunction with the video.
_____:	To submit a video of student performance for adjudication purposes in a virtual event.  Event: _____ Date: _____  Teacher: _____
_____:	Other: _____  _____

DATE: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_  
\_\_\_\_\_