

PHOTOGRAPH AND VIDEOTAPE AUTHORIZATION FORM

1. **PARTIES:**

“MUSIC INSTRUCTOR”:
_____ (Name of Music Teacher or Music Instruction Business)

“TEACHER ORGANIZATION”:Douglas-Elbert Music Teachers Association

“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 OR TEACHER ORGANIZATION to undertake that activity:

Initials

Activity

_____: To take and use photographs of my CHILD for promotional or educational purposes on the website and other educational or promotional materials used by the MUSIC INSTRUCTOR OR TEACHER ORGANIZATION. This authorization includes or does not include permission to utilize my CHILD’s name in conjunction with the photographs.

_____: To take and use videotape of my CHILD for promotional or educational purposes on the website and other educational or promotional materials used by the MUSIC INSTRUCTOR OR TEACHER ORGANIZATION. This authorization includes or does not include permission to utilize my CHILD’s name in conjunction with the videotape.

_____: _____

DATE:

SIGNATURE OF PARENT:
