

MEDIA RELEASE FORM

“MUSIC INSTRUCTOR”:
(Print Name of MTNA member Music Teacher)

“PARENT”:
(Print Name of Parent or Legal Guardian)

“CHILD”:

(Print Name or Names of Child or Children Covered by Authorization)

AUTHORIZATION: I agree to allow photos and videos of my child to be used for promotional or educational purposes on the website and other educational or promotional materials used by the MUSIC INSTRUCTOR and CSMTA. This includes, but is not limited to, photos and videos taken from music activities, performances, lessons, and workshops.

I agree: Initials: _____

This authorization includes permission to utilize my CHILD’s name in the publication:

I agree: Initials: _____

DATE: SIGNATURE OF PARENT:

