

PHOTOGRAPH AND VIDEOTAPE AUTHORIZATION FORM

1. **PARTIES:**

NWSMTA Classical Recital and Pop & Jazz Recitals

“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 NWSMTA 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 NWSMTA. This authorization includes or does not include permission to utilize my CHILD’s first name in conjunction with the photographs. Full names will never be used.

_____ : To take and use **videotape** of my CHILD for promotional or educational purposes on the website. This authorization includes or does not include permission to utilize my CHILD’s name in conjunction with the videotape.

DATE:

SIGNATURE OF PARENT:
