

# PHOTOGRAPH AND VIDEOTAPE AUTHORIZATION FORM

1. **PARTIES:**

MUSIC INSTRUCTOR: Lydia Reed-Guertin  
(Name of Piano Teacher)

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:

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. This authorization does not include permission to utilize my CHILD's last 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. This authorization does not include permission to utilize my CHILD's last name in conjunction with the videotape.

DATE:

SIGNATURE OF PARENT:

\_\_\_\_\_

\_\_\_\_\_