

Accent Music Academy Recording Release

Adult (18+)

I, _____, the student at Accent Music Academy, agree to the following:

I understand that Accent Music Academy may take audio and visual recordings of me during normal lesson hours, recitals, and performances. I understand that these recordings may be used in promoting Accent Music Academy, either in print or on the internet.

Visual

- Yes, I **do give** permission for my face to be included in visual recordings.
- No, I **do not** give permission for my face to be included in visual recordings.

Audio

- Yes, I **do give** permission for my voice to be included in audio recordings.
- No, I **do not** give permission for my voice to be included in audio recordings.

Zero Use

- I **do not** give permission for myself to be included in **any** visual photography or audio recordings.

With my signature below I grant permission of the above for myself to be included in print or electronic use promoting Accent Music Academy's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my enrollment. I understand that there will be no payment for my participation in this release.

Signature: _____

Date: _____

