

Accent Music Academy Recording Release

Minor (Under 18)

I, _____, the parent of a child/children at Accent Music Academy, agree to the following:

I understand that Accent Music Academy may take audio and visual recordings of my child(ren) listed below 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.

The child(ren) are known as: _____

Visual

- Yes, I **do give** permission for my child(ren)'s face(s) to be included in visual recordings.
- No, I **do not** give permission for my child(ren)'s face(s) to be included in visual recordings.

Audio

- Yes, I **do give** permission for my child(ren)'s voice(s) to be included in audio recordings.
- No, I **do not** give permission for my child(ren)'s voice(s) to be included in audio recordings.

Zero Use

- I **do not** give permission for my child(ren) to be included in **any** visual photography or audio recordings.

My signature below affirms my decisions above as to whether to include my child(ren) 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 my decision changes. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for my child's participation.

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____

