



STUDENT PHOTO PERMISSION

(PLEASE PRINT OR TYPE)

STUDENT NAME(S): _____ AGE(S): _____

ADDRESS: _____

PHONE: _____

GRADE(S): _____ SCHOOL(S): _____

INSTRUMENT: _____

TEACHER: _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN EMAIL _____

I, _____, as the Parent/Guardian of
(Print full name of Parent/Guardian)

_____ hereby grant my
(Print full name of child/ward)

permission to the Lehigh Valley Music Teachers Association to use the:

(check all that may apply)

___ individual photo, of my child/ward

___ group photo including my child/ward

___ no name included ___ first name only ___ full name included

for purposes of an announcement or an advertisement in the following media:

- LVMTA Website (<http://www.lvmusicteachers.org/>)
- Facebook
- Print (newspaper, magazine, brochure)
- Other as deemed appropriate and or necessary by the executive board.
- For the single event only : _____ on the date of : _____.

Please Note: *The executive board and its agents will act only in the best interest of your child/ward and in accordance with the "code of ethics" mandated by the MTNA.*

Further, by signing this document I absolve the LVMTA, its executive board and advisory board of all responsibility and/or liability that may result from the use of this personal information and photo.

Signature, Parent/Guardian

Date