



STUDENT PHOTO PERMISSION

(PLEASE PRINT OR TYPE)

STUDENT NAME: _____

AGE: _____

ADDRESS: _____

PHONE: _____

GRADE: _____

SCHOOL: _____

INSTRUMENT: _____

TEACHER: _____

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN EMAIL: _____

I, _____, Parent / Guardian of
(Full name of Parent / Guardian),

_____,
(Full name of Child / Ward)

hereby grant my permission to the Lehigh Valley Chapter of the Pennsylvania Music Teachers Association to use the photo, name, and/or address of my child/ward for purposes of an announcement or an advertisement in the following media: (check all that may apply).

- Online (Website, social media, advertising, etc.)
- Print (newspaper, magazine, brochure, etc.)
- Other _____
- For _____ event only on _____.

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

Please give this completed form to the child's teacher.