

**TEMECULA VALLEY MUSIC TEACHERS ASSOCIATION (TVMTA)
PHOTOGRAPH AND VIDEOTAPE
AUTHORIZATION FORM**

1. PARTIES:

“TVMTA”: _____ Temecula Valley Music Teachers Association
(Name of Music Organization)

“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 TVMTA 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 TVMTA, including but not limited to their newsletter. This authorization includes or does not include permission to utilize my CHILD’s 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 TVMTA. This authorization includes or does not include permission to utilize my CHILD’s name in conjunction with the videotape.

_____ : A signed copy of this Authorization Form, whether scanned, zeroxed, facsimile or other such reproduction, shall serve as the original document.

_____ : _____

DATE:

SIGNATURE OF PARENT:

(For Office Use Only)

Name of TVMTA Teacher Submitting Form: _____