

PHOTOGRAPH AND VIDEO AUTHORIZATION FORM



1. PARTIES:

STUDENT: _____
(Name of Child /youth Covered by Authorization)

PARENT: _____
(Name of Parent or Legal Guardian)

CHILD: _____
(Name or Names of Child or Children Covered by Authorization)

1. AUTHORIZATION: By placing his or her initials next to the corresponding activity set forth below, the PARENT authorizes Jan Mittelstaedt (teacher)

Initials

Activity

_____: To take and use photographs of my CHILD for promotional or educational purposes on website. This authorization c includes or c does not include permission to utilize my CHILD's name in conjunction with the photographs.

_____: To take and use videos of my CHILD for virtual recitals. This authorization c includes or c does not include permission to utilize my CHILD's name in conjunction with the video.

DATE:

SIGNATURE OF PARENT/LEGAL GUARDIAN: