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: