

# PHOTOGRAPH AND VIDEOTAPE AUTHORIZATION FORM

## 1. PARTIES: (PLEASE PRINT)

ORGANIZATION: NEW JERSEY MUSIC TEACHERS ASSOCIATION

PARENT: \_\_\_\_\_  
(Name of Parent or Legal Guardian)

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

## 2. AUTHORIZATION:

I hereby consent and authorize New Jersey Music Teachers Association (“NJMTA”) to take and use photographs, video or other digital media (“Photos”) of my CHILD for any promotional or educational purposes on the website and other educational or promotional materials used by NJMTA.

I authorize NJMTA to copy, edit, or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.

I acknowledge that I, or my child, am not entitled to any compensation or royalties with respect to the use of the Photos.

I agree to release and forever discharge NJMTA and its affiliates from any and all claims, liabilities, obligations, promises, agreements, disputes, damages, causes of action of any nature or kind, known or unknown, that I, or my child, may have or claim to have against NJMTA in connection with this Release.

Please initial below for your choice of release of name.

\_\_\_\_\_ : This authorization **INCLUDES permission to utilize my CHILD’s name** in conjunction with the photographs.

\_\_\_\_\_ : This authorization **DOES NOT INCLUDE permission to utilize my CHILD’s name** in conjunction with the photographs.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_