

STUDENT PHOTO PERMISSION FORM

Please print or type.



STUDENT NAME _____

AGE _____

ADDRESS _____

PHONE _____

GRADE _____

SCHOOL _____

INSTRUMENT _____

TEACHER _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN EMAIL _____

I, _____, parent/guardian of
(print full name parent/guardian)

_____ hereby grant my
(print full name of child/ward)

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)

LVC/PMTA website (<http://www.lvpmta.org>)

Print (newspaper, magazine, brochure)

Other as deemed appropriate and/or necessary by the executive board.

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 LVC/PMTA, 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.