

AMTA Release Form for Media Recording



Augusta Music Teachers Association (AMTA) has my permission to use any photographs, lesson videotapes, recital or performance event videotapes, or digital recordings of lessons and/or performances events of my child(ren) for any marketing materials in print or electronic form (i.e. Newsletters, Advertisements, Website, Facebook, etc...). I further consent that my child(ren)'s name(names) and identity(identities) may be revealed therein or by descriptive text or commentary.

I understand that there will be no financial or other compensation for media recordings of my child(ren), either for initial or subsequent transmission or playback.

Parent's Name: _____ Date: _____

Parent's Signature: _____

Address: _____

Phone: () _____

Piano Teacher's Name: _____

Please list all students subject to RELEASE FORM:

Special notes for **AMTA** concerning media presentation of my child(ren):