

North Shore Music Teachers' Association

Photo Release Permission Slip

As a parent of this student, I hereby consent to the use of photographs for the NSMTA web-site or NSMTA publications. No names will be used. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for NSMTA to photograph my child.

Parent or Guardian Name: _____

Student's Name: _____

Teacher: _____

Date: _____

Contact: _____

E-Mail: _____

You will be notified if your student's photo will be used for NSMTA publications. Thank you for your participation.

