**VIDEO AUTHORIZATION FORM**

**1. PARTIES:**

“MUSIC INSTRUCTOR”:

(Name of Music Teacher)

“PARENT”:

(Name of Parent or Legal Guardian **if Under 18**)

“STUDENT”:

(Name or Names of Student Covered by Authorization)

2. **AUTHORIZATIONS**: By placing their initials next to the corresponding activity below, the PARENT authorizes the MUSIC INSTRUCTOR to undertake that activity:

Initials Activity

\_\_\_\_\_\_\_\_\_: To take and use video recording of the STUDENT for educational purposes, to be presented during the 2025 Music Teachers National Association Collegiate Symposium, January 18-19, 2025.

This authorization  includes or  does not include permission to utilize STUDENT’S name in conjunction with the video.

DATE: SIGNATURE OF STUDENT

(PARENT/GUARDIAN **IF UNDER 18**):