



## MEDIA CONSENT FORM AND RELEASE

Neurologic

Music Therapy

Services

Occasionally, Special Music, Inc.(SM) may take photographs of the children at SM and may use these images in printed publications such as a brochure, as well as on our website or on display boards. We may also make videos for presentations or educational use only.

I hereby consent to have my child, \_\_\_\_\_, video-taped and/or photographed by Special Music, Inc. to be used in printed publications, on the internet or for evaluation / promotional / educational purposes. I understand that my child will be identified by first name only, for confidentiality purposes. As the child's parent or legal guardian, I agree to release and hold harmless Special Music, Inc. from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work(s), likeness, or voice.

It is further understood and I do agree that no monies or other consideration in any form will become due to me or my child because of my child's participation in the use of my child's creative work(s), likeness, or voice.

### Conditions of use

1. This form is valid for 5 years from the date you sign it, or for the period of time your child attends Special Music, Inc. The consent will automatically expire after that time.
2. We will not use the personal details or full names of any child or adult in a photographic image on video, on our website, in our brochure or in any of our other printed publications unless we have prior approval.
3. We will not include personal e-mail or postal addresses, or telephone or fax numbers on video, on our website, or in other printed publications.
4. We may use group photographs or video footage on the web site or for educational purposes.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

I have read and understood the *conditions of use*.

Signature of Parent or Guardian \_\_\_\_\_