**PHOTOGRAPH & VIDEO RELEASE FORM**

I hereby grant Lubbock Youth Orchestras and Lubbock Symphony Orchestra the irrevocable right and permission to use my child’s image, voice, and musical performances on audio or video without payment or any other consideration.

I understand that this image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein the image appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of my child’s image or recording. I understand that the use of this material is strictly for educational and marketing purposes for Lubbock Youth Orchestras.

Photographic, audio or video recordings may be used for the following purposes:

* Conference presentations
* Recruitment events
* Marketing materials including but not limited to:
  + Website
  + Social Media
  + Publications
  + Promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the internet (social media, marketing, etc.) or in the public/educational setting.

I understand that all photographs, videos, audio recordings, digital files and any reproductions thereof are and shall remain the property of Lubbock Youth Orchestras and the Lubbock Symphony Orchestra.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to all terms as listed. I hereby release any and all claims against any person within Lubbock Youth Orchestras or Lubbock Symphony Orchestra utilizing this material for educational purposes.

**Signature Page**

Student’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and I understand this document. I understand and agree that it is binding to me and my child. I acknowledge that I am the parent or legal guardian of the child named above.

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_