



## PERMISSION TO USE PHOTOGRAPH

I give permission for my photograph taken during a Florida State Music Teachers sponsored event to be used on the official FSMTA web-site and/or in the official FSMTA Newsletter.

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

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

\_\_\_\_\_

\_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

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If the participant is under 18 years old, please give student's date of birth and name/  
contact details for parent/guardian:

Student's date of birth: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Contact number for parent: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Parent signature (if applicable): \_\_\_\_\_

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

***(Must be signed by parent/guardian if individual is under 18 years old)***