

WHITE STATION SPARTAN BAND PARENT/GUARDIAN RECORDING AUTHORIZATION

WHERE STUDENT IS UNDER 18 YEARS OF AGE

I, _____, the parent/legal guardian of the student named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student for and on the behalf of the White Station Spartan Band.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be that of White Station Spartan Band.

I authorize the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of the White Station Spartan Band without acknowledgment and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform White Station Spartan Band director or the relevant school principal where publication is other than a Departmental website.

Date ___/___/___

(Parent/Guardian Signature)

Name of Parent/Guardian: _____

Contact Telephone Number: _____

Name of Student: _____

Name of School: White Station High School

Name of Principal: Mr. David Mansfield

School Telephone Number: 901-416-8880