



Canadian Music Week Media Consent Form

Student Name: _____

Student Age: _____

Parent Name: _____

Private Teacher Name: _____

Title and Composer of Piece:

I _____ hereby give permission for the
(*Name of parent or guardian*)

Newfoundland and Labrador Registered Music Teachers' Association to use any photos, videos, or other media taken of my child on their website (nlrmta.org) or on their Facebook page.

Signature of Parent or Guardian: _____