



Media Waiver Form

I, _____,
(Name or name of parent / guardian if participant is under 18 years of age)

hereby give consent to being / to my child(ren) being filmed, interviewed, or to having audio or video recordings made of me / my child(ren) by the media (print, broadcast and online) and/or employees, agents or servants of the Ontario Registered Music Teachers' Association during the following event:

Name of Event: _____

Place: _____

Date: _____

I understand that the text or image(s) may appear in electronic form on the Internet or in publications outside the control of the Ontario Registered Music Teachers' Association. I agree that I will not hold the Ontario Registered Music Teachers' Association responsible for any consequences that may arise from such unauthorized reproduction.

Name of Participant: _____

Name of Parent/Guardian (if applicable): _____

Signature of Participant or Parent/Guardian (if applicable): _____

Date: _____

Email Address: _____

Telephone Number (cell or land line): _____