

## Hispanic Heritage Council of Western New York – Music Academy Photo and Video Consent Form

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

Parent/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

### Purpose

The Hispanic Heritage Council of Western New York (HHCWNY) Music Academy often photographs and records students during classes, rehearsals, and performances. These images and videos are used to promote the Academy's educational programs and cultural mission through websites, social media, newsletters, and other communications.

### Parent/Guardian Consent

By signing this form, I acknowledge and agree that:

1. I grant permission to the Hispanic Heritage Council of Western New York Music Academy to photograph, record, and/or videotape my child during Academy activities.
2. I authorize the use of these photos, videos, and recordings for educational, promotional, or public relations purposes in print, online, or broadcast formats.
3. I understand that my child's name or identifying information will not be disclosed without additional consent.
4. I understand that there is no compensation for the use of these materials.
5. I may withdraw this consent at any time by submitting a written request to the Academy administration.

### Consent Selection

- I give permission for my child to be photographed and/or filmed for Academy use.  
 I do not give permission for my child to be photographed and/or filmed for Academy use.

### Signatures

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

