Woodridge Music Studio LLC

Image & Audio/Video Recording Waiver

1. Student Full Name_____

_____Yes, I give permission for the image, audio and or video recording of my child, to be used by the Woodridge Music Studio, LLC. Your child's name will never be posted.

_____No, I do not give permission for the image, audio and or video recording of my child, to be used by the Woodridge Music Studio, LLC.

2. Student Full Name_____

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3. Student Full Name_____

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4. Student Full Name_____

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5. Student Full Name_____

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COMPLETE WAIVER WITH A PARENT SIGNATURE

Printed Name of Signing Parent_____

Parent signature_____

For more than five students, please, use an additional form. Thank you.