AUDIO/VIDEO/PHOTO RELEASE FORM

This form must be completed and signed by the parent of a minor child attending an
Indiana University Jacobs School of Music College Audition Preparation Workshop I, July

My child (under the age of 18) ________________________________, plans to participate
in an IU Jacobs School of Music Pre-College Program or Summer Academy. I understand that
audiotapes, videotapes, and/or photographs may be taken of the Program participants. I hereby
give my consent for my child (under the age of 18) to audiotaped, videotaped, and/or
photographed in connection with their participation in the Program.

I further agree that all such audiotapes, videotapes, and or photographs shall be the exclusive
property of Indiana University and, subject to the limitations expressed below, I release and give
to Indiana University all rights of ownership and all rights to copy, and publish, and use such
audiotapes, videotapes, and/or photographs. I acknowledge and agree that Indiana University
may use any and all audiotapes, videotapes, and/or photographs for educational and promotional
purposes, included but not limited to publication in brochures and other promotional materials
and on the University’s websites. I understand that Indiana University will not identify my child
(under the age of 18) by name or allow any third party to use the audiotapes, videotapes, and/or
photographs for commercial purposes without obtaining my written permission in advance.

I HEREBY CONSENT TO THIS AUDIO/VIDEO/PHOTO RELEASE.

Parent Signature: __________________________________________________________

Printed Name: ______________________________________________________________

Date: __________________________