



CENTRAL OHIO
music therapy_{LLC}

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PHOTO/VIDEO/OBSERVER RELEASE FORM

I give my permission to Central Ohio Music Therapy, LLC (COMT) and COMT approved guests to use pictures and videos of my participation in choir rehearsals and concerts for news media advocacy, educational and marketing purposes.

I understand that by signing this form, I am agreeing to allow photography, video and observation of _____
(filmed/photographed/observed while participating in **Athens County Community Singers rehearsals and concerts**) for news media advocacy, educational and/or marketing purposes.

I understand that I can withdrawal this permission at any time by contacting Central Ohio Music Therapy at PO Box 127 Blacklick, OH, 43004 and submitting a request for withdrawal in writing.

Choir Member's Name (please print)

Date

Signature: Choir Member/Power of Attorney/Guardian

Date