



**CENTRAL OHIO**  
music therapy<sup>LLC</sup>

**Erin K. Spring, Owner**  
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**Circleville, OH 43113**  
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## Media Release Form

**Participant's Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, and audio of the individual named above by Central Ohio Music Therapy, LLC.

I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the Internet, and all other forms of media.

I also hereby release Central Ohio Music Therapy, LLC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

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

Address of Parent/Guardian: \_\_\_\_\_

**OR**

Signature of Participant (if 18 or over): \_\_\_\_\_

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

Address of Student: \_\_\_\_\_