



CENTRAL OHIO
music therapy_{LLC}

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Media Release Form

Participant's Name: _____

Organization: Athens County Community Singers

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: _____