

Media Permission Form



Serenity Sensory Music would like your permission to use photographs, recordings and video clips of participants during the sensory music sessions to promote and share on the website, on social media and to use for promotional purposes.

Declaration

I understand that once permission is given, the following media may be used for a variety of purposes without further notification.

I further acknowledge that I will not be compensated for these uses of the media including: photographs, recordings video clips, and any derivative works created from them,

and that Serenity Sensory Music owns all rights to the use of it, as agreed on this form.

I / parent/guardian hereby give permission for Serenity Sensory Music to use the following, of me/my child taking part in Serenity Sensory Music Sessions.

- photographs
- recordings
- video clips

I / parent/guardian prefer that:

- participant's full name can be used
- participant's first name can be used
- no name to be used

I understand that this media permission can be revoked at any time in writing to Serenity Sensory Music, and that the use of my/my child's media will then cease.

- yes
- no

I consent to the use of media by Serenity Sensory Music as indicated on this form.

- yes
- no

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|--|-------|
| Participant Name: | |
| Parent/Guardian Name (for participants under the age of 16): | |
| Email: | |
| Phone: | Date: |

Best wishes, Laura Seymour - Serenity Sensory Music