Marian Johnson-Healy Voice Studio

412 Lakeview Drive, Newark, DE 19711 Phone: (302-863-8269)

**Media Release Form**

By signing this form below, I am do hereby give permission to be interviewed, photographed, and/or videotaped by Marian Johnson-Healy Studio (MJH Studio) or its representatives in connection with prior, current or future vocal training and performance. (throughout this form “I” references the parent as well as the student in the event the student is a minor)

I understand and agree that the text, photographs, and/or videotapes thereof containing my name, likeness, and voice, including transcripts thereof, may be used in the production of instructional, promotional materials, and for other purposes that MJH Studio deems appropriate and that such materials may be distributed to the public and displayed publicly one or more times and in different formats, including but not limited to, websites, cable casting, broadcasting, and other forms of transmission to the public.

I also understand that this permission to use the text, photographs, videotapes, and name in such material is not limited in time and that I will not receive any compensation for granting this permission.

I hereby waive the right to inspect or approve any such use, either in advance or following distribution or display. I hereby unconditionally release MJH Studio and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am of legal age, have full legal capacity, and agree that I will not revoke or deny this agreement at any time.

I have read the foregoing and fully understand its contents.

Accepted by:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

*(Required if student is under age 18)*