

CAPMT



**California Association of Professional Music Teachers
Parent Consent Waiver**

**Media Waiver, Consent & Release Agreement,
and COPPA Parental Permission Form**

By checking each box, you acknowledge that you have read and agree to that Term and Condition. By checking each box and signing below you acknowledge you are the parent or legal guardian of the child participant indicated below (“Minor”).

Media Waiver
(optional)

I hereby grant my consent, as the legal guardian of the Minor, to CAPMT to photograph, electronically record, transfer, or film the Minor for distribution in all media at any time, all public performances and appearances in or associated with a 2015–2016 Audition or Competition, including Piano Auditions, Ensemble Auditions, Contemporary Music Festival, Honors Auditions, and/or Concerto Competition (collectively “CAPMT Event”), without any compensation or remuneration. I also grant to CAPMT the right to use any such recorded performances, interviews, quotations or photographs of the Minor; and the right to use the Minor’s name, voice, image, and likeness in connection with a CAPMT Event, including but not limited to: publication in books, magazines, pamphlets, advertising, and newspapers; and on television, radio, internet, and social media channels, without any compensation or remuneration

Consent & Release Agreement
(required by all applicants to participate)

I hereby unconditionally release and discharge CAPMT, CAPMT agencies, departments, directors, officers, employees, volunteers, agents, CAPMT host or collaborating partners, and all other persons and entities involved with this CAPMT Event from any and all claims, demands, liabilities, damages, costs, and all other expenses that may arise in connection with the Minor’s participation in a CAPMT Event.

I understand that the CAPMT Event has a physical element to it. I agree and understand that by signing this Waiver, the Minor is physically fit enough to participate as a volunteer or participant in the CAPMT Event. I hereby certify that the Minor is in good physical condition and that the Minor is able to participate in the CAPMT event without harm to the Minor or others. I agree to voluntarily assume all risks, known or unknown, of injuries, however caused to the Minor, even if caused in whole or in part by the action, inaction or negligence of the CAPMT host or collaborating partners, sponsor, individual and groups involved in the CAPMT event, and to hold the CAPMT host or collaborating partners, sponsor, individual and groups involved in the CAPMT event free and harmless from any liability or damages for any injuries that the Minor may sustain.



**Children's Online Privacy Protection Act (COPPA)
Parental Permission Form**

(required by all applicants under the age of 13 to participate)

The Minor's information is only used in connection with a CAPMT Event and is limited to the information requested below. It is out practice to only obtain information regarding under children under the age of 13 from the child's parent or guardian and not from the child directly. The Minor's parent or legal guardian must consent for the collection, use or disclosure of the information requested below. CAPMT will not share identifiable information of a child with any third party. CAPMT will only send our promotional communications or newsletters to the parent or the legal guardian who provided the child's information to us, and CAPMT will not link sell, trade, or otherwise transfer to outside parties' personally identifiable information for any child under the age of 13. If the parent or guardian does not give their consent within a reasonable time, CAPMT will delete the parent or guardian's online contact information from our records.

At any time you can review, change or delete your child's personal information, or revoke your parental consent by sending us an e-mail at president@capmt.org or presidentelect@capmt.org. To protect your privacy and security, we may require you to speak with a representative or take additional steps or provide additional information to verify your identity before we provide any information, make corrections, or disable your child's registration.

I have had the opportunity to review the CAPMT Privacy Policy at <http://www.capmt.org/privacy-policy-terms.html> and authorize my Minor to fully participate in a 2015–2016 CAPMT Event. I understand that I, the legal guardian of the Minor indicated below, will provide the Minor's necessary information in order to participate in a 2015–2016 CAPMT Event.

I consent to this practice. I understand that I may withdraw my permission granted herein, as set forth in CAPMT Privacy Policy. I also understand that it is important to provide accurate information in this consent form in case CAPMT needs to contact me for any reason.

Teacher Name: _____

CAPMT District (and Chapter if applicable): _____

Applicant (Student) Name: _____

Parent/Legal Guardian Name: _____

Relation to Applicant (Student): _____

Parent/Legal Guardian Signature: _____

Date: _____