



STUDENT VIDEO RELEASE FORM

I, _____, hereby grant to The Augustine Foundation and Virtual Guitar Orchestra the right to broadcast and distribute the video recording of my child, _____, on videotape, on film, on photographs, in digital media and in any other form of electronic medium and to edit such recording at their discretion.

Please circle one:

I consent.

I do not consent.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Student's Name: _____

Student's School: _____

Student's Grade: _____