



EASTMAN COMMUNITY MUSIC SCHOOL

EASTMAN SCHOOL OF MUSIC • UNIVERSITY OF ROCHESTER

Instructions: Please complete all sections of this Opt-Out Form and return the signed form to the ECMS Office by October 1st of the current school year, or within 30 days of enrollment. This release form will be kept on file for one academic year, expiring June 30 following the date of signature below. (Please complete a new form for each new academic year.)

STUDENT PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT-OUT

Student Name _____

Date of Birth _____ URID _____

Address: _____

City: _____ State: _____

Telephone #: _____ Academic Year _____

I, the undersigned, do not wish the school to record my participation and appearance on any permanent recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, email, blogs, social media). I understand that if I opt-out, the student will not be included in pictures taken by school staff, nor be part of school newsletters, marketing materials, or social media posts. (Note: This does not include videotaping by security cameras on campus, live-streaming performances, or group ensemble audio recordings.)

I understand the school will make reasonable efforts to comply with my request. If I become aware of a recording with my likeness, I will notify the Eastman Community Music School office. I understand that the school will then make reasonable efforts to remove my likeness from recordings.

DO NOT photograph, videotape and/or audio record the above-referenced student during school-sponsored activities.

Student Signature _____ Date _____
(if over 18 years of age)

REQUIRED FOR ALL STUDENTS UNDER 18 YEARS OF AGE I hereby confirm that I am the parent or legal guardian of the above-named participant.

Parent Signature _____ Date _____