

STUDENT NAME _____

RELEASE FORM

I hereby give the College of the Arts, Department of Human Services Education, and the Ohio Department of Education the right and permission to copyright and / or publish photographs taken while at the Institute. I agree that the photograph becomes the exclusive property of these units and I waive all rights thereto.

I waive all rights to inspect and / or approve copy about the Institute that may or may not be used in conjunction with the photograph and the use to which it may be applied.

The photograph – whole, in part, or composite – may be used as the unit sees fit in educational materials, newspaper and television publicity, and promotional brochures for succeeding years' Institutes.

Date

Name (if minor child, parent or guardian signs)

Address

City, State, Zip Code

Please return to: Katherine Borst Jones
School of Music
The Ohio State University
1866 College Road
Columbus, Ohio 43210

Photos from the Flute Workshop will be used for publicity purposes.