

## NFSM RECITAL REGISTRATION

Date of Recital: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Teacher: \_\_\_\_\_ Instrument: \_\_\_\_\_

Student's Level: (circle) Pre-Beg – Beg – Beg-Int – Int – Int-Adv – Adv

Sibling's Name(s) (if applicable):

Sibling's Teacher(s):

Song Title:

Composer:

Length of Song:

Instrument:

Accompaniment?: Yes / No

If Yes: [ ] MP3 / [ ] Live Accompanist: \_\_\_\_\_

(Optional) Song 2 Title:

Composer:

Length of Song:

Instrument:

Accompaniment?: Yes / No

If Yes: [ ] MP3 / [ ] Live Accompanist: \_\_\_\_\_

### **MEDIA WAIVER:**

I, as the student or lawful parent/guardian of student if under 18 years of age, hereby grant permission to North Fulton School of Music LLC and its representatives (Producers) to take photographs or videos, including sound, of the recital including myself and any friends/family present.

#### **Production/Location**

Alpharetta Recital - Alpharetta Presbyterian Church | Atlanta Recital - Haygood United Methodist

I further grant to the producers and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later Developed. I acknowledge that North Fulton School of Music LLC owns all rights to the images and recordings.

#### **Waiver, Indemnity and Release**

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless the producers from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name and represent my student/child named above. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

1. Student's must stay for entire session they are placed in
2. Student must be available on day of recital
3. All music must be memorized
4. \$15 Recital Fee will be charged to account on file or payable by cash or check. \$10 per additional student in family performing
5. Max combined performance time of 4 minutes
6. Dress code is semi-formal/Business casual
7. Students are responsible for accompaniment tracks or live accompanist scheduling/rehearsing

\_\_\_\_\_  
Signature of Student if Over 18 or Parent/Guardian

\_\_\_\_\_  
Date