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Information Marked with "*" is Optional

PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	
PARENT/GUARDIAN PHONE:	PARENT/GUARDIAN EMAIL:	
PARENT ADDRESS:		
PARENT/GUARDIAN CITY:	PARENT/GUARDIAN STATE:	PARENT/GUARDIAN ZIP:

(IF DIFFERENT FROM ABOVE)

STUDENT FIRST NAME:		STUDENT LAST NAME:	
*STUDENT AGE:	*STUDENT BIRTH DATE:	STUDENT GENDER:	
STUDENT PHONE:		STUDENT EMAIL:	
STUDENT ADDRESS:			
STUDENT CITY:		STUDENT STATE:	STUDENT ZIP:

Model Authorization, Release and Consent

- ☐ I authorize and grant Kasia Haroldsen to take my photos regarding my experiences with her.
- ☐ I grant, Kasia Haroldsen to use my photos on Facebook, Twitter, Instagram, and other social media platform.
- ☐ I allow Kasia Haroldsen to edit, alter, copy, or distribute the photos for social media advertising and marketing.
- ☐ I agree that the photos belong to Kasia Haroldsen.
- ☐ I understand that I will not receive any monetary compensation.

Student Name

Parent or Guardian Name

Date

Parent or Guardian Signature