

Lenoir-Rhyne University
Music Program, Box 7355
Hickory, NC 28603

Permission to Use Photograph

(LRSYM 2025: LRU Music Program)

STUDENT NAME: _____

I grant to Lenoir-Rhyne University, its representatives and employees the right to take photographs of my child in their participation in the above-named camp. I authorize Lenoir-Rhyne University, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Lenoir-Rhyne University may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above.

Signature, parent or guardian: _____

Date: _____

Please bring to registration on the first day of camp. Thank you!

We share your information with our institutional host site. If you wish for this information to not be shared, please check this box:

☐ Please do not share my information

We need the following information from those who are willing to share:

Student Name:

Date of Birth:

High School Name:

Student Email and Phone:
