



SCBDA Region & All-State 2020-2021 Video Submission Student Release Form

Student Name: _____

Band Director Name: _____

School: _____

I am the parent/legal guardian of the above named student. I understand that the SCBDA Region & All-State auditions for the 2020-2021 school year will be done through video submissions using the *HeartOut* app. The privacy policy for this app can be found at https://www.heartout.io/privacy_policy.

Please review this policy before signing this document.

Please ***initial*** beside one of the following statements:

_____ I DO give permission for the above named student to use the *HeartOut* app in order to submit a video recording for the purpose of the 20 -21 SCBDA Region & All-State Auditions.

_____ I DO NOT give permission for the above named student to use the *HeartOut* app in order to submit a video recording for the purpose of the 20-21 SCBDA Region and All-State auditions.

Parent/Guardian Signature

Date

SCBDA Directors MUST have this student release form signed in the affirmative for ALL students who will audition. Directors are responsible for keeping these forms on file for the duration of the 2020-2021 school year.