ArtSeed Parent Permission Form

You can fill-out this form digitally and email it back to info@artseed.org You can also print it out and send the completed copy to P.O. Box 29277, San Francisco, CA 94129-0277

IMPORTANT: By submitting this form, you are helping us provide the most individualized and appropriately advanced lessons for your child. Thank you for your cooperation.

Student's N	Name:			Date of Birth:
Parent/Guardian's Name:			Email:	
Mailing Ad	dress:			
		Parent/Guardian Work Phone Number:		_Cell:
		st below the person to co		
(Name)		(Address)		(Telephone #)
Please se	elect "yes" or "no" t	o the items below and	d explain if ne	ecessary:
	eeds – Does your child any learning differences		oral, physical, en	notional, psychological or medical needs
No Yes	please explain			
Exposure specific for	to Sensitive Art Mater od, art supplies etc.)? W	ials or Subject Matter – /e also wish to know if spe	Is your child ser ecific subject are	nsitive to materials (for example, allergies to eas are particularly sensitive for your child.
No Yes	please explain			
student ap	pears and the art work a		duces as a part	use photographs and videos in which your icipant in the ArtSeed Program for artistic, Program?
No Yes	please explain			
welcome to				se your child's art in exhibitions? You are and Exhibitions in the Tides Converge
These artwork the Internet. A	s can be sold (up to 50% artis fter 6 months from the time of	t commission retained by reques exhibition and/or end of class, u	st) or used by ArtSee nclaimed artworks m	d in published materials, in other works of art, and on ay become the sole property of ArtSeed.
No Yes	please explain			
directors, c for damage	officers, employees, age	ents, and volunteers from accident or any loss or d	any and all clain	discharge, and hold harmless ArtSeed, its ns, suits, losses, or related causes of action nal property or otherwise, during or arising
representa	tives, successors, and a		I has read and v	ne personally and on my heirs, personal oluntarily signs the ArtSeed program stated above.
l give (Nan	ne of Student)		permission	to participate in ArtSeed's Programs.
Parent/Guardian Signature		Date:		

ArtSeed P.O. Box 29277, San Francisco, CA 94129-0277, W: 415-409-1761, Email: info@artseed.org, Fax: 415-751-4442, CONTACT: Josefa Vaughan, Executive Director, C: 415-656-9849. www.artseed.org ArtSeed's mission is to connect the most resourceful and gifted with the youngest and most vulnerable citizens of the Bay Area and beyond through projects that explore links between classical and cutting-edge fine arts disciplines.