



P.O. Box 29277, San Francisco, CA 94129-0277

ArtSeed Fine Arts Summer Intensive 2021 Participant Registration

Three-part Hybrid Camp: 1) Live Online Video Conferencing, 2) Presidio Workspaces, and 3) Hunters Point Shipyard Studios

Check which weeks you will attend. () Week One: July 12 – 16, 2021 (weekdays 9am-5pm) for highly motivated youth (ages 9-19)
Flexible age limits for remote participation. () Week Two: July 19 – 23, 2021 (weekdays 9am-5pm) for highly motivated children and youth (ages 6-19)
() Week Three: July 26 – 30, 2021 (weekdays 9am-5pm) for highly motivated children and youth (ages 6-19)

Artist Information:

Participant's Name: _____ Date of Birth: _____

School: _____ How have you come to know about ArtSeed?: _____

Are you a student, teacher, volunteer or all of these?: _____ Email: _____

Parent/Guardian Name (if applicable or n/a): _____ Phone:: _____

Address: _____

Emergency Contact Name: _____ Email: _____

Phone(s): _____ Relationship to Participant: _____

Address: _____

Special interests or needs?: _____ Please indicate any sensitivities to subject matter or allergies to food/materials: _____

Parent/Guardian Permission Form (if applicant has special needs or is under 18 years old)

_____ is authorized to participate in ArtSeed's Fine Arts Summer Intensive.

(Name of Participant)

I understand that we may be going to urban areas in transition that have incidents of gang-related activities and properties that may have been identified as containing environmental hazards. Items 1-4 are by pre-arrangement and only with local COVID-19 best practices in place for ArtSeed participants, Josefa Vaughan, and her associates. (Please circle "Yes" or "No" for activities listed.)

- 1. To go to the Hunter's Point Naval Shipyard and Mission District art studiosYes No
- 2. To go on field trips to Museums and GalleriesYes No
- 3. To travel by car (if available) to art studios and on field tripsYes No
- 4. To travel by public transportation to art studios and on field tripsYes No
- 5. To participate in supervised outdoor activitiesYes No
- 6. To take supervised neighborhood walksYes No
- 7. To work at ArtSeed's Presidio WorkSpacesYes No

At the end of the day this participant (name listed above) is authorized to leave the ArtSeed Program alone without a parent/guardian or a designated adult to pick them up. (Please circle "Yes" or "No.") Yes No

If this participant (name listed above) does NOT have authorization to leave the ArtSeed Program alone. They will be picked up by one of the following designated individuals:

(Name) _____ (Address) _____ (Telephone #) _____

(Name) _____ (Address) _____ (Telephone #) _____

(1) I can/will help in the lessons: Yes No

(2) I can/will help on field trips: Yes No

(3) I can/will donate materials or my expertise in the following areas (Please list below):

Scholarships and sliding scale tuition available: Program fees (\$400.00/week per student) include supplies and snacks. No one is turned away for lack of funds! Call Josefa at 415-656-9849 if you have challenges related to finances, transportation or video conferencing capacity. We can make it happen for you somehow! Fees can be sent in checks payable to ArtSeed. Alternatively, you can pay fees online (be sure to include a dedication memo "Summer Intensive fees, not a donation"). Payments can be made through Network for Good [here](#).

ArtSeed requires that each participant understand and accept its policies on the following issues. Please read the policies listed below and sign your name below to indicate your understanding and acceptance of these policies.

Discipline Policy – A participant's disregard of ArtSeed rules will result in temporary suspension. Repeated disregard of ArtSeed's collaboratively made agreements may result in permanent suspension.

Special Needs – Any special behavioral, physical, emotional, psychological or medical needs of participants should be clearly discussed with Josefa Vaughan and her associates. Please explain your special needs clearly in a telephone call, an email, or write it down on an attached page.

Permission for Medical Treatment – In the event of an emergency medical staff and ArtSeed staff/volunteers may take appropriate action as needed for the participant. Preferred Medical Emergency Center: _____

Exposure to Sensitive Art Materials or Subject Matter – Participants may be exposed to sensitive materials (art supplies) or subject matter. ArtSeed encourages participants or parents/guardians to let its instructors know when an art material or subject matter is uncomfortable for them. It is the responsibility of the participant or parents/guardians to communicate this to ArtSeed.

Photographs/Media/Artwork Waiver – I give permission to ArtSeed to make and use photographs, videotapes, film, and audiotapes in which I or my child appear, or my artwork or my child's artwork appears. ArtSeed may use all of these in published materials, in other works of art, and on the Internet (World Wide Web) for artistic, educational, and publicity/promotional purposes. ArtSeed may retain 50% of any sale of my artwork or my child's artwork, and may reproduce, sell, and retain 50% of any sale of a reproduction of the artwork and/or writings I or they produce as a participant.

General Release of Liability – The undersigned agrees to release, waive, discharge, and hold harmless, ArtSeed, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from any injury or illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation in ArtSeed.

I ACKNOWLEDGE THAT THIS GENERAL RELEASE OF LIABILITY OF ARTSEED IS BINDING ON ME PERSONALLY AND ON MY HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ARTSEED PARTICIPANT/PARENT/GUARDIAN PERMISSION FORM. I UNDERSTAND AND AGREE TO THE POLICIES AS STATED ABOVE.

Print Name of Artist and/or Guardian: _____

Signature of Artist: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

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. We do not discriminate on the basis of any disability, race, color, creed, sexual orientation, political party, economic background, national or ethnic origin.

ArtSeed is a non-profit tax-exempt fine arts / youth leadership organization under Internal Revenue Code 501(c)(3) and Revenue and Tax Code 27301d. Any charitable contribution to ArtSeed, made without expectation of material benefit, is therefore fully tax-deductible. These determination letters are available for your inspection at ArtSeed's office located at 1007 General Kennedy Ave. in San Francisco. Our Employer Identification Number is: 52-2368513

Email: josefa@artseed.org, **Website:** www.artseed.org, **Cell:** 415-656-9849

Please check your choice of Location:

- () ArtSeed's Presidio WorkSpaces, 1007 General Kennedy Avenue, Suites 206 & 210, San Francisco, 94129
- () ArtSeed's Hunters Point Shipyard Studio 2513 & Gallery in building 101, near the Store House, 451 Galvez Ave. S.F., 94124
- () **Virtual option access:** josefa@artseed.org, 415-656-9849

This form should be filled out and sent in by parents/guardians or artists (reservations are on a first come first serve basis). **We prefer to receive confirmation of attendance at least one week before the first day of ArtSeed's Summer Intensive. House-call lessons may be available to eligible artists and families.** For questions contact Josefa at: 415-656-9849 or email: josefa@artseed.org.