



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

Mentorship Application and Parent Permission Form

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.

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Email: _____

Consent to Receive Emails – May we send you seasonal newsletters and special invitations to your inbox?

We will not share your addresses with others and we will be mindful to keep our emails infrequent.

Emails have a SafeUnsubscribe® link. Please Check one: _____ Yes, please / _____ No, thank you.

Mailing Address: _____ Apt#: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

School: _____ Rm# _____ Teacher _____

(Emergency Contact other than parent) (Email Address) (Cell phone #)

I give **(Name of Student)** _____ permission to participate in ArtSeed's Programs.

Fee Schedule: \$50/hour for private lessons; \$400/month for weekly lessons; \$2,500/annual fees for mentorships
FULL AND PARTIAL SCHOLARSHIPS AVAILABLE. Contact Josefa Vaughan at 415-656-9849, josefa@artseed.org.

The most I can pay for lessons is \$_____. (Please attach a note describing expectations, goals, and challenges.)

I'm available _____ hours a week / month (circle one). Best hours of the day: _____

Best days of the week for me: _____. Time line of commitment: ____/____/____ - ____/____/____.

Special Needs or Talents – Please list below (or attached information on) any special behavioral, physical, emotional, psychological or medical concerns, and learning differences. (Call me to discuss)

Exposure to Sensitive Art Materials or Subject Matter – It is the responsibility of the student, and parent/guardian to communicate to ArtSeed instructors when a student participating in the ArtSeed Program may be sensitive to materials (for example, allergies to specific food, art supplies etc). We also wish to know if specific subject areas are particularly sensitive for your child. (Call me to discuss)

Photographs/Media/Artwork Waiver – By signing this form, you give permission to ArtSeed to use photographs, videotapes, film, and audiotapes in which your student appears and the art work and/or writings he/she produces as a participant in the ArtSeed Program for artistic, education, and publicity/promotional purposes for or related to the ArtSeed Program. These items can also be sold (up to 50% artist commission retained by request) or used by ArtSeed in published materials, in other works of art, and on the Internet (World Wide Web). After 6 months from the time of exhibition and/or end of class, unclaimed artworks may become the sole property of ArtSeed.

Exceptions: _____ (Call me to discuss)

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, illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation. 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 the ArtSeed participant/parent/guardian permission form. I understand and agree to the policies as stated above.

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 the ArtSeed program parent/guardian permission form. I understand and agree to the policies as stated above.

Parent/Guardian or Student Signature _____ (if on behalf of student): _____

Date: _____ Print Name of Parent/Guardian or Student: _____

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

WorkSpaces: Tides Converge, Suites 206 & 210, 1007 General Kennedy Ave. in San Francisco's Presidio