

JEANNETTE FROMM ART

Art Studio: 536 Masefield Drive, Pleasant Hill Ca 94523

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Website: www.jeannettefromm.com

2024 CONSENT / RELEASE FORM

Child's Name: _____ Age _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email Address: _____

PARENT'S MEDIA AND PHOTO CONSENT:

Jeannette Fromm may on occasion take photos in class of students working on their art to be used for promoting her art classes. Jeannette does NOT use student names with photos, and she requests parent consent for photo usage. Parents are asked to read and respond to the following paragraph.

I give permission to *Jeannette Fromm* to use class photos of my child and child's artwork, to be used for local news and marketing. I also give permission to *Jeannette Fromm* to use class photos of my child and child's artwork to be used for marketing on social media, including Jeannette's website, Facebook, and Instagram.

Check appropriate answer: YES NO

Parent/Guardian Signature: _____

ABILITY TO ENGAGE IN ART ACTIVITIES AND ASSUMPTION OF THE RISK:

I understand that *Jeannette Fromm* takes all possible precautions to reduce risk and provide safe, healthy and enjoyable art class experiences. I warrant that my child is able to follow directions for all activities in the studio/class. I acknowledge that risks from participation in class activities exist and that I have allowed my child to attend art class knowing these risks and their possible consequences including personal injury.

Parent/Guardian Signature: _____

WAIVER AND RELEASE OF LIABILITY:

As a parent or guardian of my child, I agree that I will not hold *Jeannette Fromm* liable for any personal injury, property damage or loss of insurance. I agree to release and hold harmless *Jeannette Fromm* from all liability incurred as a result of my child's participation in the studio class and that these terms serve as a release for volunteers, property owners and members of Jeannette's family.

Parent/Guardian Signature: _____

Date _____