JEANNETTE FROMM ART

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2024 STUDENT CONSENT / RELEASE FORM

Student's Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Email Address: _____

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 student's consent for photo usage. Students are asked to read and respond to the following paragraph.

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

Check appropriate answer: YES ☐   NO ☐

Student's Signature: _____ Date _____

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 I am able to follow directions for all activities in the studio/class. I understand and agree that in participating in any art class or workshop, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me during any art classes, workshops or activities.

Student's Signature: _____ Date _____

WAIVER AND RELEASE OF LIABILITY:

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 participation in her art studio classes, workshops, or activities, and that these terms serve as a release for volunteers, property owners, and members of Jeannette's family.

Student's Signature: _____ Date _____