



Statement of Understanding

Publicity Release

I give permission for photographs to be taken of my son/daughter and/or their art work in connection with the activities of the BSAC Pre-College Program and its agencies for use in newspapers, on television, in magazine articles, in brochures, on BSAC website and in presentations concerning the Program.

X _____

Signature of Parent/Guardian

Activities Release

I give permission for my son/daughter to participate in all BSAC Pre-College activities, trips and events.

X _____

Signature of Parent/Guardian

Unclothed Model Release

I give consent for my son/daughter to work from the human form (nude male/female models.)

YES NO

X _____

Signature of Parent/Guardian

Waiver Agreement

Should any injury occur during or as a result of participation in any BSAC class, workshop, camp, fieldtrip or program, I agree to indemnify and hold harmless BSAC and all its employees, staff, instructors and volunteers connected with BSAC .

X _____

Signature of Parent/Guardian

PERMISSION FORMS

(Make copies of all forms for your records)

(please print)

Students Last Name, First Name