Arts Education
RELEASE FORM

I __________________________ am the parent/guardian of ____________________________
a Joe’s participant.

Print Parent Name
Print Child’s Name

I understand that as part of the program my child attends, he/she may create or perform under the
direction and control of Joe’s staff. I do authorize the use of my child’s voice, appearance and image in
photographs and videos. _______ (initial)

I understand that Joe’s may use my child’s artwork, writings, and other materials within Joe’s
publications, handouts, website, presentations, in connections with the mission of the organization and
educational activities. I authorize this activity. _______ (initial)

If you do not authorize the activities listed above, please check the box below.

☐ I do not agree with use of my child’s voice, appearance, image or materials being used
for Arts Education purposes.

______________________________        __________________
Signature                     Date