

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