

FORM: Media Release

DATE: ○○DAY • ○○MONTH • ○○YEAR

PARENTS / GUARDIANS / RESPONSIBLE PARTY:

The undersigned parent / guardian / responsible party of :

hereby gives permission to Visual Art Institute to publish photographs of said student / child or child's art on the Visual Art Institute website or in any of its publications. I understand that the said students / child's name and age will appear with the picture. I do further release and discharge Visual Art Institute and its officers, employees, agents, and volunteers from and against any and all damages, complaints, costs, and fees arising from said use of such photograph(s). I agree to refrain from instituting, pressing, or in any way aiding any claim, demand, action or cause of action for damages, costs, compensation, or fees against the same in connection with such use. Please take the time to review the Media Release Form below and select an appropriate option. Agreeing to the Media Release Form does not in any way imply that the photographs of your child or their artwork will be published; it simply indicates that Visual Art Institute has permission in the event they are needed.

PLEASE CHOOSE:

- The Visual Art Institute has permission to publish photographs of my student / child or my child's artwork, their name and age on the Visual Art Institute website or in any of its publications.
- I do not want photographs of my student / child or my child's artwork to be published by the Visual Art Institute.

SIGNATURES:

By signing below, I verify that I understand the above release and that I have indicated my preference.

Parent / Guardian / Responsible Party Signature:

Student Name: