art inspired, educator designed

CALIFORNIA ART EDUCATION ASSOCIATION

Photo Release Authorization

I hereby state that the artwork submitted is my, _____, original creation.
(Student Name)

I consent to the use of my or my child's name, voice, photograph, or likeness, and/or my or my child's work to be used in any publications, press materials, websites, advertisements, or media and news events produced by or with the permission of The California Art Education Association.

Today's Date _____

Student Name & Grade _____

Student Signature _____

Student Date of Birth _____

Printed Parent Name _____
(If student is under 18)

Parent Signature _____
(if student is under 18)

Teacher Name/School _____

Contact Information

Use parent contact information unless the student is over 18. If the student is over 18, use the student's contact information.

Email _____

Phone Number _____