

## ArtSeed Student Application/Parent Permission Form

ArtSeed is a volunteer-based nonprofit charity with a mission to instill a love of learning, teaching and working in the young and to embrace the underprivileged by bringing diverse communities together through innovative fine arts projects

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent/Guardian Work Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

**(In Case Of Emergency)** Please list below the person to contact and phone number:

\_\_\_\_\_  
(Name) (Address) (Telephone #)

I give **(Name of Student)** \_\_\_\_\_ permission to participate in ArtSeed's Programs.

**(Please circle "Yes" or "No" for each activity listed.)**

- |  |     |    |
|--|-----|----|
| 1. To go to the Hunter's Point Naval Shipyard studio or Presidio office at pre-arranged times.   | Yes | No |
|  | Yes | No |
| 2. To go on pre-arranged field trips to galleries or museums.  | Yes | No |
| 3. To travel by car (if available) to art studios and on other field trips at pre-arranged times.  | Yes | No |
| 4. To travel by public transportation to art studios and on field trips at pre-arranged times.   | Yes | No |
| 5. To participate in special projects at <b>Leola Havard School</b> .<br>My son or daughter wishes to apply for ArtSeed's Apprenticeship Program<br><b>(Artist studio mentoring on weekends or after school in room 218)</b> | Yes | No |
|  | Yes | No |
| 6. To work outdoors and take supervised neighborhood walks.  | Yes | No |

I understand that these are urban areas in transition that have incidents of gang-related activities and properties that have been identified as containing environmental hazards.

- |   |     |    |
|---|-----|----|
| (1) I am interested in helping in the classroom .....                           | Yes | No |
| (2) I am interested in helping on field trips .....                             | Yes | No |
| (3) I have materials (supplies, refreshments, prizes) or money to donate. ...   | Yes | No |
| (4) I have expertise in the following areas (Please list below and/or on back): |     |    |

**Discipline Policy:** It is important that all participants in the ArtSeed Program are respectful of each other, of the teachers and visiting artists, and are careful with the property of ArtSeed. A student's disregard of the ArtSeed program rules will result in a temporary or permanent suspension from its program. If the student's behavior is consistently unacceptable, ArtSeed reserves the right to dismiss the student from the program permanently. To ensure this policy is understood and will be followed by all students, please read this statement with your child and then ask your son or daughter to sign his or her name. "I promise to keep the class safe for all persons' bodies and feelings. I also promise to pay attention to the ArtSeed teachers' instructions on where I am required to be and what I am supposed to be doing at all times."

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Special Needs** – Please list below any special behavioral, physical, emotional, psychological or medical needs along with any learning differences of the student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission for Medical Treatment** – In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff, school staff and the ArtSeed staff/volunteers may take appropriate action as needed for the student. My preference for Hospital or clinic

is: \_\_\_\_\_

**Exposure to Sensitive Art Materials or Subject Matter** – It is the responsibility of the student, and parent/guardian to communicate to ArtSeed instructors when a student participating in the ArtSeed Program may be sensitive to materials (for example, allergies to specific food, art supplies etc...). This also applies to specific subject areas to which your son or daughter is particularly sensitive. ArtSeed encourages students and parents/guardians to let its instructors know when an art material or subject matter is uncomfortable for them.

**Photographs/Media/Artwork Waiver** – By signing this form, you give permission to ArtSeed to use photographs, videotapes, film, and audiotapes in which your student appears and the art work and/or writings he/she produces as a participant in the ArtSeed Program for artistic, education, and publicity/promotional purposes for or related to the ArtSeed Program. These items can also be sold (up to 50% artist commission retained) or used by ArtSeed in published materials, in other works of art, and on the Internet (World Wide Web).

**General Release of Liability** – The undersigned agrees to release, waive, discharge, and hold harmless ArtSeed, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages for any injury or death, illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation in the ArtSeed program.

I acknowledge that this general release of liability of ArtSeed is binding on me personally and on my heirs, personal representatives, successors, and assigns. The undersigned has read and voluntarily signs the ArtSeed program parent/guardian permission form. I understand and agree to the policies as stated above.

Parent/Guardian Signature (on behalf of student): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

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(Visitors & express mail): ArtSeed, 1007 General Kennedy Ave., San Francisco, CA 94129,  
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