



EVERSON MUSEUM OF ART

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT
(e.g. Social media, Website and Everson publications, such as bulletins, brochures and
postcards, films or other media content)**

Student Name: _____

School: _____

I hereby consent that my child(ren) listed above, may participate in being photographed, videotaped, interviewed, or quoted and I grant the Everson Museum of Art the right to edit, use and reuse any media content that is generated by my child(ren)'s participation in any Everson events, tours, classes, or other programs. I hereby release the Everson Museum, its employees or agents of any liability in connection with the above listed media usage.

Signature of parent/guardian (if student is under 18 years of age): _____

Date: _____

Address of parent/guardian: _____

OR

Signature of student (if over 18 years of age): _____

Date: _____

Address of student: _____



EVERSON MUSEUM OF ART

SUMMER ART CAMP 2018

PICK UP AUTHORIZATION

Please fill out this form and bring it with you on the first day of class.

Parent/ Guardian Name _____

	First	Last
Child's Name _____		

	First	Last
Child's Name _____		

	First	Last
Child's Name _____		

	First	Last
Child's Name _____		

Please check the appropriate information below:

- Summer 2018 Session 1: July 23, 24, 25, 26, 27
- Summer 2018 Session 2: July 30, 31, August 1, 2, 3
- Summer 2018 Session 3: August 6, 7, 8, 9, 10

I, _____ authorize the following person(s) to pick up my child.
(Parent/ Guardian)

Authorized names:

First	Last	Phone

First	Last	Phone

First	Last	Phone

Parent/ Guardian Signature _____ Date _____

Please note that any persons, including parents/ guardians, may be asked to show proof of identification when picking up a camper. Please be ready with your photo ID. Thank you for your cooperation.