



Parental Consents: The Department of Regional Art Workers (The D.R.A.W.) and Pop Up Gallery Group (P.U.G.G.) of the Kingston Midtown Arts District (MAD) RELEASE FORMS

Leading and Learning Through the Arts

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Medical Release

I, _____, give permission for my child _____, to receive emergency medical treatment in the event of injury or illness while interning, working, or volunteering at or for The D.R.A.W./PUGG/MAD, including transportation by ambulance to the hospital when needed. I take full responsibility for any financial consequences for this medical treatment. Accidents and injuries sometimes occur during interning or volunteering activities. The D.R.A.W./PUGG/MAD cannot be held responsible for medical expenses due to injuries caused during these activities.

Parent/Guardian Signature _____ Date: _____

Photography release

I hereby grant The D.R.A.W./PUGG/MAD permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of The D.R.A.W./PUGG/MAD and will not be returned.

I hereby irrevocably authorize The D.R.A.W./PUGG/MAD to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge The D.R.A.W./PUGG/MAD from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Participant Name: _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Must be signed for anyone under the age of 18 years)

Transportation release (for Workforce Development students ONLY)

I, _____, give permission for my child _____, to be transported via bicycle, public transportation, walking, or vehicle, as appropriate as part of the arts education and job training programming to participate in off-site activities and/or field trips to art-related businesses or learning opportunities. The D.R.A.W./PUGG/MAD cannot be held responsible for injuries that occur during these activities, nor will they be held responsible for medical expenses due to injuries caused during these activities.

Parent/Guardian Signature _____ Date: _____

The D.R.A.W. offers quality visual arts programming to the City of Kingston under the MAD umbrella.



madkingston.org

Kingston Midtown Arts District is a 501(c)(3) Corporation