

## Chatham Artists Guild – Emerging Artists Program 2023-2024 School Year

## STUDENT CONSENT & RELEASE FORM

I have read the terms of the Chatham Artists Guild's **Emerging Artists Program** Application and agree to the requirements.

I understand that in applying to a volunteer program, though I may expect to benefit both personally and professionally from the experience, I will not receive compensation for my service as a student volunteer. I will perform the service work willingly and without pressure, looking for learning experiences in the many aspects of artists' labor.

I voluntarily accept responsibility for my own actions, safety and welfare while participating in the Emerging Artists Program. Workshops and mentoring experiences may be in guild artists' studios demonstrating different techniques. I may need access to transportation. At artist market events, we will be setting up CAG tents and services, and will help artists set up their displays. I release and hold harmless the Chatham Artists Guild and their representatives of responsibility and liability for injury or claim resulting from my participation.

I authorize the disclosure and use of my pertinent health information should treatment for illness or injury become necessary. I give permission, with my knowledge and consent, for images of my artwork to be published on the CAG websites and/or social media channels. I grant the privilege, with my knowledge, to be photographed and/or videotaped for program documentation and publicity.

I voluntarily accept and support these terms of the Emerging Artists Program.

| Signature              |                      |      |
|------------------------|----------------------|------|
|                        |                      |      |
| Student Name (printed) | Signature of Student | Date |



## Chatham Artists Guild – Emerging Artists Program 2023-2024 School Year

## PARENT / LEGAL GUARDIAN CONSENT & RELEASE FORM

I have read the terms of the Chatham Artists Guild's *Emerging Artists Program* Application and hereby give my consent for my child/ward to participate.

I understand that my child/ward is applying to a volunteer program and though they may expect to benefit both personally and professionally from the experience, they will not receive compensation for their service as a student volunteer.

I know there are potential risks involved in working with different art materials, transportation to and from meeting places, and setting up of the CAG tents and/or booths at art markets and events. I voluntarily accept all responsibility for the safety and welfare of my child/ward while they participate in the Emerging Artists Program. I release and hold harmless the Chatham Artists Guild and their representatives of responsibility and liability for injury or claim resulting from such participation.

I will let the Guild know of any health risk for my child/ward and authorize emergency medical treatment should the need arise while my child/ward is participating in the Emerging Artists Program. I hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I give permission, with the student's knowledge and consent, for images of the student's artwork to be published on the CAG website and/or social media channels. I grant the Emerging Artists Program the right to photograph and/or videotape my child/ward, with permission from the student, for program documentation and publicity.

I voluntarily accept and support these terms of the Emerging Artists Program. I understand that the authorizations and rights granted herein are voluntary and that I may revoke them at any time by submitting said revocation in writing to the CAG.

All information contained on this form is accurate and current.

| Signatures                     |                              |          |
|--------------------------------|------------------------------|----------|
| Parent/Guardian Name (printed) | Signature of Parent/Guardian | <br>Date |
| Child/Ward's Name (printed)    |                              |          |
|                                |                              |          |

Parent/Guardian Contact Information – Address, Email, Phone #