

Name of Student	Age	Grade
Name of Art Work with Brief Description (optional)	School	
IMPORTANT		
Name of Parents		REDLANDS
Contact Phone #	Mayout Clark redlands	#Arts
Email	ART EDUCATION ART ASSOCIATI	UN
	he parent or legal guardian of	[student],
grant the Redlands Art Association my permiss legal use, including but not limited to: publicity	sion to use the photographs in which my son or daughter y, copyright purpose, illustration, advertising, and web cont ensation shall become payable to me by reason of such use	appears for any tent. Furthermore, I
Parent/Guardian's Signature:		Date
Parent/Guardian's Name:		

· · · · · · · · · · · · · · · · · · ·		□Son □Daughter
Student's Name:	Age	