

Emergency Contact and Photo Release Form

Child's name and age (Print)

I give permission for my child to accompany Duluth Art Institute instructors on walking field trips outside the Depot and Lincoln Center.

Also, the staff of the Duluth Art Institute often takes photographs of its art classes and students in action. These pictures are used in our newsletters and promotional materials, advertising our education programming. If you do not wish to have your child's likeness reproduced for the promotional purposes of the Duluth Art Institute please specify below and we will respect your privacy.

Name of Parent or Guardian (Print)

No photos please

Signature

Date

Parent or Guardian Info:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please include **at least one additional** emergency contact:

Emergency Contact _____

Relationship to child _____

Phone Number _____

Emergency Contact _____

Relationship to child _____

Phone Number _____

Emergency Contact _____

Relationship to child _____

Phone Number _____

