

INDIVIDUAL STUDENT REGISTRATION FORM & WAIVER

Date _____

Please be advised that your child may be photographed, videotaped, or interviewed for the purpose of their project School Art for Mankind. With your consent, the photographs, videos or interviews may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, internet, Miami-Dade County Public Schools & SAM websites, and social media platforms such as Facebook, Twitter, Instagram, etc...

Please print legibly. This form should accompany all project submissions

ARTIST (Student)

Artist Name: _____ Grade: _____

School Name: _____ Team Name: _____

Teacher Name: _____

PARENTS

Parent Name: _____ Parent Phone: _____

Parent Email: _____ Address: _____

City: _____ Zip: _____

- Yes.** My child **may participate** to the School Art for Mankind Contest
- Yes.** My child's photograph/video/interview **may be reproduced and released** for use in the media
- No.** My child's photograph/video/interview **may not be reproduced and released** for use in the media

Signature: _____

Date: _____

