

## SIGNATURE PAGE

*PLEASE SIGN AND RETURN THIS PAGE  
TO YOUR CHILD'S CSA TEACHER*

I have read this handbook, and I have explained its content to my child(ren). I acknowledge and agree to the policies obtained therein and will require my child(ren) to comply with the policies which apply to students.

**Student's Name (please print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PHOTO RELEASE PERMISSION SLIP

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken in the course of the Community School for the Arts session for publicity, promotional, and/or educational purposes (including publications, presentations, or broadcasts via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

\_\_\_\_ Yes, I give consent for the Community School for the Arts to photograph my child for promotional and educational purposes.

\_\_\_\_ No, I do not authorize the Community School for the Arts to photograph my child for any purposes.

**Student's Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_