



Release Form

Site: _____

I grant permission for my child/ children, as listed below, to participate in the DrawBridge arts program.

Child's Name	Birthdate	Race/ Ethnicity
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

I have further decided that:

DrawBridge may use my child/ children's artwork for any and all purposes:

_____ Yes _____ No

DrawBridge may use images (still and moving) of my child/ children for any and all purposes:

_____ Yes _____ No

Signature: _____

Relationship: _____

Date: _____

Telephone: _____