



2017 Sharing A Vision- Creative Expressions Art Gallery

PARENTAL CONSENT & RELEASE FORM
Sharing A Vision Conference – Embassy Suites
100 Conference Center Dr.
East Peoria, Illinois 61611

Date: _____

School Name & Address: _____

I hereby consent to have my child, _____
(child's full name)'s, artwork to be displayed, raffled and sold to attendees at the *Sharing A Vision Conference* on **October 26th and 27th, 2017** at the Embassy Suites in East Peoria, Illinois. I consent to the use of my child's photograph, video/audio tape, and/or interview by members of the *Sharing A Vision Conference* Committee or the news media on the school premises when school is in session or when my child is under the supervision of the school staff.

I agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's photograph (*i.e., use of my child's artwork and/or photograph*).

As the child's legal guardian, I agree to release and hold harmless the *Sharing A Vision Conference* Committee from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's photograph and/or sale of his/her artwork.

Child's Name: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Home Address: _____

City

State

Zip