



CONSENT FORM AND RELEASE

Teacher: _____

School: _____

Address: _____

Date: _____

2005 Sharing A Vision Conference
Doubletree Hotel, Chicago-Oak Brook
1909 Spring Road
Oak Brook, Illinois 60521

To Whom It May Concern:

I hereby consent to have my _____

(Relation and child's first name)

photographed, video taped, audio taped and/or interviewed by members of the 2005 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 also consent to the Sharing A Vision Committee's use of my child's artwork to be displayed and/or auctioned off and sold to attendees at the Sharing A Vision Conference on October 19, 20 and 21, 2005 at the Doubletree Hotel, Chicago-Oak Brook in Oak Brook, Illinois.

I understand that the proceeds of this sale will be used to support the 2005 Sharing A Vision Conference and the costs incurred by the Creative Expressions Art Gallery. As the child's parent or 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.

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.

Parent's Name: _____

(Please print)

Parent's Signature: _____

Address: _____

City

State Zip Code