



*an arts education partnership of the Arts Council of Mendocino County & the Mendocino County Office of Education*

## **STUDENT PHOTO RELEASE FORM**

**I do hereby authorize the ARTS COUNCIL OF MENDOCINO COUNTY, the MENDOCINO COUNTY OFFICE OF EDUCATION, and those acting pursuant to its authority, to:**

- Record my participation and appearance on videotape, audiotape, film, photograph or any other medium concerning my participation in the Program listed below.
- Exhibit or distribute such recording in whole or in part without restrictions or limitation for any *educational* or *promotional* purpose that the Arts Council of Mendocino County, the Mendocino County Office of Education, and those acting pursuant to its authority, deem appropriate.

Event: \_\_\_\_\_

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Student Phone #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

**Parent/Guardian  
Signature (if under 18):** \_\_\_\_\_

**Please return completed form to:**

Arts Council of Mendocino County  
309 East Perkins Street, Ukiah, CA 95482.  
(707) 463 2727, [gasp@artsmendocino.org](mailto:gasp@artsmendocino.org)



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## PERMISO DE FOTO DEL ESTUDIANTE

**I do hereby authorize the ARTS COUNCIL OF MENDOCINO COUNTY, the MENDOCINO COUNTY OFFICE OF EDUCATION, and those acting pursuant to its authority, to:**

***Por medio de la presente, autorizo al Consejo de las Artes del Condado de Mendocino y a la Oficina de Educación del Condado de Mendocino y a aquellos que actúan conforme a su autoridad, a:***

- Record my participation and appearance on videotape, audiotape, film, photograph or any other medium concerning my participation in the Program listed below.

*Registrar mi participación y aparición en el programa que se menciona a continuación, en video, cintas de audio, cine, fotografía o cualquier otro medio.*

- Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose that the Arts Council of Mendocino County, the Mendocino County Office of Education, and those acting pursuant to its authority, deem appropriate.

*Exponer o distribuir dicha grabación en su totalidad o en partes, sin restricciones o limitaciones para cualquier propósito educativo o promocional que el Consejo de las Artes del Condado de Mendocino, la Oficina de Educación del Condado de Mendocino y aquellos que actúan conforme a su autoridad, consideren oportunos.*

Event / *Evento*: \_\_\_\_\_

Student Name / *Nombre del estudiante*: \_\_\_\_\_

School Name / *Nombre de la escuela*: \_\_\_\_\_

Student Phone # / *Número teléfono del estudiante*: \_\_\_\_\_

Student Email / *Correo electrónico del estudiante*: \_\_\_\_\_

Parent Email / *Correo electrónico de padre o madre*: \_\_\_\_\_

**Student Signature / *Firma del estudiante***: \_\_\_\_\_

**Parent/Guardian Signature (if under 18): *Padre o madre/tutor firma (si es menor de 18 años)***: \_\_\_\_\_

**Please return your completed form to:**  
***Favor regresar este documento a la siguiente dirección.***

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309 East Perkins Street, Ukiah, CA 95482.  
(707) 463 2727, [gasp@artsmendocino.org](mailto:gasp@artsmendocino.org)