



## Photo Release Authorization

I consent to the use of my or my child's name, voice, photograph, or likeness and/or my or my child's work to be used in any publications, press materials, websites, advertisements, or media and news events produced by or with the permission of the California Art Education Association.

Your name or child's name \_\_\_\_\_

Your or your child's date of birth \_\_\_\_\_

Printed name of parent (if child is a minor) \_\_\_\_\_

Your signature or signature of parent \_\_\_\_\_

Date \_\_\_\_\_

Parent email \_\_\_\_\_

Parent phone \_\_\_\_\_

Student email (if over 18) \_\_\_\_\_

Student phone (if over 18) \_\_\_\_\_