



New Bedford Art Museum/Artworks!

## Teen Artist Internship Program Parental Consent Form

Dear Parent/Guardian,

As a parent or guardian, you are asked to consent for your daughter/son to participate in this program. This form will serve as a waiver and consent for your child to travel to his/her selected artist/mentor's studio and work with them for at least 4 hours per week for the time period: **November 25, 2019 – March 11, 2020**. All of the artist/mentors are practicing artists, and are residents of our community. They all have been interviewed by the NBAM/ArtWorks! staff and have had criminal background checks performed. If you have any questions, please contact me at NBAM/ArtWorks! or feel free to contact artist/mentor directly.

Additionally, NBAM/ArtWorks! continually documents programs and events for the purpose of publicity and fundraising. This form will also act as a model release authorizing NBAM/ArtWorks! to include your daughter/son in any photography in order to document this internship.

**Please make sure that this form is brought to the Orientation Meeting on November 25, 2019; Monday, 5pm at the New Bedford Art Museum, 608 Pleasant St. New Bedford, MA. Thank you.**

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

Parent Guardian Name:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



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## EMERGENCY/MEDICAL CONTACT

Student Name:

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Parent/Guardian Name:

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Emergency Contact Name:

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Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all allergies, medications, or health conditions:

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This program is supported in part by grants from the Acushnet, Dartmouth, Freetown, Mattapoisett, Marion, New Bedford, Westport and Freetown Cultural Council, local agencies which are supported by the Massachusetts Cultural Council, a state agency.