



CROOKED TREE ARTS CENTER

# Figure Drawing Parent Consent Form

I understand that my child will be participating in a life drawing class/clinic at Crooked Tree Arts Center. I understand that this will be a live figure drawing session involving a fully-nude adult model and that a professional instructor will be present at all times. By signing below I give my consent for my child named below to attend this course.

Name of student under age 18 (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

High School \_\_\_\_\_

Grad Year \_\_\_\_\_

Name of parent/guardian (print) \_\_\_\_\_

Email for parent/guardian \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

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**Completed form is required and must be given to your instructor before class starts.**