

# ART STUDENTS LEAGUE OF DENVER

## Parental Consent Waiver (for students age 17 and younger)

\*Enrollment in adult courses for students under age 18 requires ASLD Staff, Instructor(s) approval, and a parent/guardian signed waiver. Each course requires a separate waiver. Please complete, sign below and return form to Customer Service & Database Manager, Aubrey Ryan at: a.ryan@asld.org.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Course Name: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

### **FIGURE STUDY COURSES:**

I am aware that nude models pose in classes at the Art Students League of Denver.

I, \_\_\_\_\_, the parent/guardian give my permission for \_\_\_\_\_  
(Parent or Guardian's printed name) (Student's printed name)  
to attend classes utilizing nude models.

### **AND/OR for COURSES held partly or entirely OFFSITE (TRAVEL):**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
(Parent or Guardian's printed name) (Student's printed name)  
give my permission for my son/daughter to participate in the above mentioned course. I acknowledge that this course will be held partly or entirely offsite from ASLD property. I am aware I will be responsible for son/daughter's transportation.

I acknowledge that I will not seek to have the Art Students League of Denver held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the above listed course. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the Art Students League of Denver, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the course(s).

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

Parent or Guardian's Signature: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

ASLD Staff Name and Signature: \_\_\_\_\_