



Class registering for: _____ Time: _____ Location: _____

VSA Florida Community Art Classes



Student Registration

Student Name:	Age:	Date of Birth:	
Address:	City:	State:	Zip:

PARENT or GUARDIAN INFORMATION

Name:	Home Phone:	Work or Cell Phone:
Relationship to Student:		

Email Address: _____

Name:	Home Phone:	Work or Cell Phone:
Relationship to Student:		

Email Address: _____

Special needs or accommodations that should be considered for this student: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

In the case of a physical or any injury to registrant associated with an activity involving VSA and/or VSA Florida, the registrant and contractor shall indemnify and hold harmless, and hereby releases, discharges, and acquits VSA and VSA Florida, Inc. (and their respective directors, officers, members, employees, agents and independent contractors) from and against any and all claims, damages and liabilities resulting from or associated with said injury or the treatment of said injury.

My son/daughter has my permission to participate in VSA Florida Art Programs. I hereby give my consent to have a doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date



FLORIDA

**The State Organization
on Arts and Disability**

MEDIA RELEASE AND CONSENT FORM

In consideration for participating in VSA Florida, Inc.'s ("VSA Florida") programs, I (parent or guardian) _____ hereby give consent to VSA Florida, Inc., to use my (child's) _____ name, age, attending school, disability, photo, voice, or other likeness for future public awareness including print media, online news distribution, VSA Florida website, television and radio opportunities, video, promotional materials, the CORE (Dept. of Education) e-newsletter, BEESS (Bureau of Exceptional Education Student Services) e-newsletter, and other similar mediums (the "Production").

Such use of the Production is permitted throughout the world for educational or exhibition purposes by VSA Florida in whatever manner it may desire, and may be copied, copyrighted, edited and distributed by VSA Florida in any medium in perpetuity without any compensation to me/my child. Furthermore, I, on behalf of me/my child hereby consent that any such Production shall be the exclusive property of VSA Florida, and VSA Florida shall have the right to use, sell, publish, print, display, distribute, duplicate, reproduce, reprint, create derivative works, and make other uses of such Production as VSA Florida may desire, free and clear of any claims whatsoever on my/my child's part. I agree that VSA Florida can use the Production, in whole or in part, without restrictions as to changes or alterations. I also hereby expressly agree by this written instrument that the Production shall be considered a work made for hire, and VSA Florida shall own all copyrights in and to the Production.

In addition to the rights set forth above, I acknowledge and agree that my/my child's work that is created through VSA Florida programs may be selected, displayed, used, reproduced and/or sold to benefit the ongoing statewide art programming of VSA Florida, with no consideration or compensation to me/my child.

Signature Student Date of Birth

Parent/Guardian signature (if necessary) Date

Address

Telephone

School Name School County

Please return this form to:

*VSA Florida, Inc.
University of South Florida
College of Education, Spec. Ed/VSAFL
4202 E. Fowler Ave. Stop EDU 105
Tampa, Florida 33620-5601
813.905.9878 fax*