



### Permission for Minor to Participate in BARN Programs

<b>Student Name</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Phone:</b>	

As a member of the Bainbridge Artisan Resource Network (“BARN”), students will be learning and studying in an adult environment. After training and safety orientations, students, like other members of BARN, may be working at times independently and without adult supervision. We expect everyone will follow the BARN *Code of Conduct* at all times.

There is an element of risk inherent in participating in artistic processes, handling artistic materials, and operating machinery. At BARN we take every precaution to ensure the safety of our facility users by providing a safe workplace and safety training. In addition, all BARN participants are expected to look out for their own safety as well.

#### Permission to Participate in BARN Programs:

I (type or print your name) \_\_\_\_\_  
acknowledge that I am the parent or guardian of \_\_\_\_\_ (“my child”),  
who is \_\_\_\_\_ years old and wishes to participate in classes, open studio time, independent study  
mentorships or other programs conducted by BARN. I give my permission for my child to participate in these  
programs and agree to hold BARN harmless from and against claims for personal injuries or property damage  
resulting from my child’s use of BARN facilities and equipment.

#### Permission for Use of Likeness:

I understand that BARN may from time to time create photographic or video records of activities in which my  
child participates, to be used to publicize BARN’s activities and services. I hereby grant my consent for BARN to  
use photographs, film footage, tape or video recordings that include my child’s likeness or voice, as well as any  
works created by my child at BARN, provided that my child is not identified by name.

I further grant  don’t grant  permission for BARN to use my child’s name and age in connection with any  
photographs, film footage, tape or video recordings that include my child’s likeness.

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

*Signature*

\_\_\_\_\_  
*Print name*