



Figure Drawing Parent/Guardian Consent Form

Minor Participation in Nude Figure Drawing Class

Public Art Center: _____

Class Title: _____

Class Date(s): _____

Instructor: _____

Student Information

Student Name: _____

Age: _____

Parent/Guardian Consent

I, the undersigned parent or legal guardian of the above-named student, give permission for my child to participate in a supervised figure drawing class at the above-named public art center.

I understand that this class includes the observation and drawing of a professional nude model for the educational purpose of studying human anatomy, proportion, gesture, light, shadow, and artistic techniques. I understand that the class is conducted in a professional, respectful, and instructional environment consistent with traditional fine arts education.

I acknowledge that participation is voluntary and that I have had the opportunity to ask questions about the class before providing my consent.



Code of Conduct

I understand that all participants are expected to conduct themselves respectfully toward the model, instructor, staff, and fellow students. Any inappropriate, disruptive, or disrespectful behavior may result in the student's removal from the class in accordance with the public art center's policies.

Photography and Recording Policy

To protect the privacy, safety, and dignity of the model and all participants:

- Photography, video recording, audio recording, screen recording, or any other form of recording is strictly prohibited during the class.
 - Cell phones and other electronic devices capable of recording images or audio must remain silenced and put away unless specifically authorized by the instructor for purposes unrelated to the model.
 - Violation of this policy may result in immediate removal from the class and may result in suspension from future programs at the public art center.
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Release and Acknowledgment

I understand that my child is voluntarily participating in this educational program.

Parent/Guardian Certification

By signing below, I certify that:

- I am the parent or legal guardian of the student listed above.
- I have read and understand this consent form.
- I voluntarily authorize my child to participate in this nude figure drawing class.



Pelham Art Center

155 Fifth Avenue Pelham, NY 10803 tel: 914.738.2525 fax: 914.738.2686 www.pelhamartcenter.org

Parent/Guardian Information

Name (Print): _____

Relationship to Student: _____

Phone: _____

Email: _____

Signature

Parent/Guardian Signature:

Date: _____

Agreement

I have read and understand this waiver and agree to all terms stated above.

Participant Name: _____

Participant Signature: _____