

WILLOWDALE GROUP OF ARTISTS

Permission Form

I _____ declare that I am the parent/guardian of _____, that I am aware that membership in the Willowdale Group of Artists includes life drawing sessions with male and female nude models and I give permission for him/her to attend these sessions.

Parent/guardian signature _____

Date _____

Emergency contact information

Name: _____ Relationship: _____

Phone(s): _____