



Parental Consent Form for Participation in Bee+Hive Artist Collective (BHAC)

Artist Information:

Full Name of Artist: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Parent/Guardian Information:

Full Name of Parent/Guardian: _____

Relationship to Artist: _____

Phone Number: _____

Email: _____

Description of Activities:

The undersigned parent or guardian grants permission for the minor artist listed above to participate in the Bee+Hive Artist Collective (BHAC). The participation may include, but is not limited to:

- Submitting artwork for exhibitions
- Attending art workshops, events, or collective meetings
- Displaying artwork publicly, including online and in galleries
- Having their artwork featured in promotional materials (print and online)

Parental Consent and Release of Liability:

I, the undersigned, as the parent or legal guardian of the minor artist named above, understand and agree to the following:

1. **Participation Consent:** I hereby give permission for my child to participate in all activities associated with BHAC, including exhibitions, workshops, and other art-related events.
2. **Use of Artwork:** I grant BHAC permission to display and promote my child's artwork in exhibitions, on websites, social media, and other marketing materials.
3. **Supervision:** I understand that BHAC may provide limited supervision, and I accept responsibility for the conduct and well-being of my child during all activities, including drop-off and pick-up times.
4. **Release of Liability:** I release and hold harmless Bee+Hive Artist Collective, its organizers, board members, employees, and volunteers from any liability, claims, or damages arising out of or in connection with my child's participation in BHAC activities.
5. **Media Release:** I understand that photographs or videos of my child or their artwork may be taken during exhibitions or events. I consent to the use of these images for promotional purposes without compensation.



Signature of Parent/Guardian:

I have read and understood the terms above and hereby give my consent.

Signature of Parent/Guardian: _____

Date: _____

Signature of Minor Artist:

I agree to participate in the Bee+Hive Artist Collective in accordance with the terms stated above.

Signature of Artist: _____

Date: _____

Contact Information:

For any questions, please contact us at:

Bee+Hive Artist Collective

Email: hello@beehiveartistcollective.com

Phone: (855) 945-4483

