



PERMISSION , CONTACT & MEDIA RELEASE FORM

Updated Fall, 2018

Lowell Learns provides high-quality free or low-cost instruction in the arts to our community! We are so excited that you are learning with us!

In order to provide you with the best possible experience, we need to collect some information from you. We must have this on file in order for you and/or your family to participate in classes at Lowell Learns.

Participant Name and/or Guardian Name (please print):

(First) _____ (Last) _____

Over 18? Yes No

Phone: (____) - ____ - _____ E-mail: _____@_____.

Additional Under 18 Participants:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

I give permission to myself or my under 18 dependent(s) to participate in classes with Lowell Learns.....

(Optional) Lowell Learns may contact me via Constant Contact/ E-mails

(Optional) Lowell Learns may use photos, images or video recordings of me or my dependents on their website or social media accounts for the purpose of advertising and public outreach.....

Participant/Guardian Signature _____ Date ____/____/____

Parent/Guardian Signature (If Student is under 18)

Signature _____ Date ____/____/____

All Forms are Available at: www.LowellLearns.com/Forms