



**Program Title:
Perpich Arts Integration Network of Teachers**

Consent and Release Agreement

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I have read this release before signing. I understand its content, and the consent given herein is made without compensation of any kind.

Please check one of these boxes:

- I am at least 18 years of age and competent to sign this release.
- I am the parent or guardian of the student named below, and consent to this agreement on behalf of this student.
(Signature of parent or legal guardian is required if student is under 18 years of age.)
- I do not agree to this consent and release agreement for myself or my child.

Name (printed)

Date

Signature

Telephone and/or email address

Parent or Guardian signature (if under 18)

Organization/School Name

Hometown Newspaper:
(If Metro, please identify neighborhood paper)

City, State

**Please return form to:
Byron Richard (fax 763-591-4759)
byron.richard@pcae.k12.mn.us**