



Photography/Studio Agreement Form

I have read and understand the South Bend Museum of Art's (SBMA) studio policies. I understand that failure to comply with these policies may result in my removal from class and/or open studio at SBMA and forfeiture of tuition and related fees. Additionally, I understand that SBMA may not be held responsible for any personal injury, damage to personal property, or liability that may result in my failure to comply with SBMA's established rules and regulations.

I hereby grant SBMA the right to use photograph or video of my artwork and/or activities in which I may be photographed or videotaped. I grant SBMA the right to use and incorporate photographs or footage taken of me and/or my artwork in all media (including print, website, social media, DVD and any other electronic media). I acknowledge SBMA's right to crop or treat the photograph at SBMA's discretion. I acknowledge that SBMA may choose not to use my photo at this time, but may do so at a later date and reserves the right to discontinue or begin use of photos without notice.

I indemnify and hold harmless from any claim the Board of Trustees and all employees of the South Bend Museum of Art.

Date: _____

Student Name: _____

Parent Name (if minor): _____

Signature: _____ Date: _____

Email: _____

Phone Number: _____

Emergency Contact/Number: _____

Please number in order of preference how to contact you (__ email, __ text, __ phone)

Please initial here if you DO NOT wish for your artwork and/or yourself to be photographed _____

