



Parental Consent Form

In order for your child to participate in the *Richmond Art Gallery Youth Collective*, we need your consent and your involvement in helping him/her have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible participant.

If you have any questions, please call Kathy Tycholis, Education & Public Programs Coordinator at 604-247-8313.

Name of organization: **Richmond Art Gallery Association**

Name of prospective youth participant: _____

Project Description: **Working with professional artists and art gallery staff to create original artworks for their portfolio, develop projects for families during the RAG’s Family Day in the Gallery events, and to gain skills in event planning and facilitation.**

Anticipated work schedule: **Thursday afternoons from 4:00 – 6:00 pm
Events: Sundays, 12-5pm, 4 events per year**

Expected duration of program: **42 weeks in total:
September 27, 2018 – June 20, 2019.**

Program will pause for winter holidays and Spring Break. Schedule is subject to slight changes throughout the year.

Participation: I understand that my child named above wishes to be considered for the *RAG Youth Collective* and I hereby **give my permission for him/her to serve in that capacity**, if accepted by the agency. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that **he/she will be expected to meet all the requirements of the program, including regular attendance and participation at the weekly program, and adherence to the Richmond Art Gallery policies and procedures.** I understand that he/she will not receive monetary compensation for the services contributed at the program.

Parent / Guardian Name (please print) : _____

Signature: _____ Date: _____