



Parental Consent & Responsibility

As the parent or legal guardian of _____
 (hereinafter to as “she” or “her” or “he” or “his” or “they”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his/their participation in the Sigma Lambda Omega (SLO) The ARTS Salute to the Harlem Renaissance and the Black Arts Movement program.
2. I understand that there is no cost for admission into the program.
3. I acknowledge that she/he/they will be enrolled in the 9th, 10th, 11th or 12th grade and that upon application to The ARTS program, I must provide verification that she/he/they is enrolled in school.
4. I understand that her/his/their personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she/he/they may be involved with workshops and activities that seek to establish an interest for her/him/they for careers in the arts which also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she/he/they is present at all scheduled activities.
7. I authorize permission for her/him/they to attend all arts excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of The ARTS program personnel.
9. I understand that her/his/their admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize The ARTS program personnel to transport her/him/they (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that she/he/they may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc. and The ARTS program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I release Alpha Kappa Alpha Sorority, Inc. and The ARTS program personnel from any liability that may arise during her/his/their involvement in The ARTS program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and The ARTS program personnel.
15. Termination of a student’s involvement in The ARTS program will be in writing, email is acceptable.
16. By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

RELATIONSHIP TO APPLICANT/PARTICIPANT: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

CONTACT NUMBER: _____ EMAIL: _____



Student Code of Conduct & Responsibility Contract

Should I be accepted, as a participant of the Alpha Kappa Alpha Sorority, Inc. Sigma Lambda Omega (SLO) The ARTS Salute to the Harlem Renaissance and the Black Arts Movement program:

1. I agree to abide by the rules and regulations set forth by the The ARTS personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all The ARTS personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I understand that I must notify The ARTS program personnel of any absence from Program activities.
5. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
6. I will participate in workshops and activities that seek to establish an interest for careers in the arts which also include community service and cultural enrichment activities.
7. I will be fully engaged in attending program meeting and activities that may include civic and cultural activities.
8. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of The ARTS program personnel.
9. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
10. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and The ARTS program personnel in print or electronic media for promotion of the program.
11. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the The ARTS program personnel.
12. I will evaluate the The ARTS program when requested.
13. By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the The ARTS program.

STUDENT/APPLICANT PRINTED NAME: _____

DATE: _____

STUDENT/APPLICANT SIGNATURE: _____

CONTACT NUMBER: _____

EMAIL: _____



Student/Applicant & Parental Consent Disclaimer Agreement

In an effort to conduct a fair and safe educational environment; should I be accepted, as a participant of the Alpha Kappa Alpha Sorority, Inc. Sigma Lambda Omega (SLO) The ARTS Salute to the Harlem Renaissance and the Black Arts Movement program:

1. I understand that the Harlem Renaissance and the Black Arts Movement took place during a time in American history where racial bias and discrimination were considered social issues.
2. I acknowledge that by participating in The ARTS program I may be exposed to content that may be considered offensive in nature.
3. I understand that some of the visual works and language presented from the Harlem Renaissance and the Black Arts Movement by the artists from those two eras whether in books, film, TV, plays, art, presentations or any other medium may be considered unsuitable for students under the age of 13.
4. I understand that all forms of artistic expression from the Harlem Renaissance and the Black Arts Movement that I may be exposed to is solely for educational purposes only.
5. I understand that I, the (student/applicant), will exercise good judgment in artistic self-expression.
6. I acknowledge that as a participant in The ARTS program that I will not use inappropriate language of any kind out of misconduct towards anyone for any reason whatsoever.
7. I understand that admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
8. Termination of a student/applicant's involvement in The ARTS program will be in writing.
9. By affixing my signature below, I certify that I have read the student/applicant and parental consent disclaimer information and agree to this disclaimer as a participant of the The ARTS program.

STUDENT/APPLICANT PRINTED NAME: _____

STUDENT/APPLICANT SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

PARENT/LEGAL GUARDIAN PRINTED SIGNATURE: _____ DATE: _____



Parental/Legal Guardian Consent

Section 1542 waiver

It is my intention that the foregoing release shall be effective so as to bar all claims, demands, controversies, actions, causes of action, obligations, liabilities, costs, expenses, attorneys' fees and damages of whatsoever character, nature of kind, known or unknown, suspected or unsuspected, which arise from or are related to the The ARTS Salute to the Harlem Renaissance and the Black Arts Movement program, and, in connection with such release I expressly acknowledge and waive any and all rights and benefits conferred upon me by the provisions of Section 1542 of the California Civil Code, which provides:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.”

My Initials: _____

I hereto acknowledge the foregoing waiver of the provisions of Section 1542 of the California Civil Code was separately bargained for; I expressly agree that this release shall be given full force and effect in accordance with each and all of its express terms and provisions, including those terms and provisions relating to unknown and unsuspected claims, demands and causes of action, if any, to the same effect as those terms and provisions relating to any other claims, demands and causes of action hereinabove specified.



Unit 3 Drama and the Movements
The ARTS! Program Partnership with
NAACP ACT-SO
Beverly Hills Hollywood Branch #1027

Alpha Kappa Alpha Sorority, Inc. Sigma Lambda Omega (SLO) Chapter has partnered with the National Association for the Advancement of Colored People (NAACP) Afro-Academic, Cultural, Technological, and Scientific Olympics (ACT-SO) Beverly Hills Hollywood Branch #1027 under the category of the Dramatic and the Performing Arts for its Unit 3 Drama and the Movements workshops. The NAACP ACT-SO achievement program provides students grades 9-12 the opportunity to compete for scholarships and awards at a local and national level. The local competition will be held in April 2022. Winners of the local competition will advance to the National Competition which will be held in July 2022. Dates and times subject to change. Students will also perform at non-competitive events with parental/guardian consent. To Learn More about ACT-SO click [here](#).

I understand that I/she/he/they may perform virtually and/or live on stage, or work behind the scenes in a pre-post production capacity (in adherence to CDC guidelines). I also understand that as part of registration, my information will be shared with the NAACP Beverly Hills Hollywood Branch #1027 as a participant of ACT-SO. I understand that I/she/he/they must complete the NAACP ACT-SO media release form in order to participate. I also understand that I/she/he/they may discontinue Unit 3 Drama and the Movements at any time.

By affixing my signature below, I certify that I have read the Unit 3 Drama and the Movements partnership statement with the NAACP Beverly Hills Hollywood Branch #1027 ACT-SO and agree to this information as a participant of the The ARTS program.

STUDENT/APPLICANT PRINTED NAME: _____

STUDENT/APPLICANT SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN PRINTED NAME: _____

PARENT/LEGAL GUARDIAN PRINTED SIGNATURE: _____ DATE: _____



Alpha Kappa Alpha Sorority, Incorporated®
Sigma Lambda Omega Chapter
The ARTS! Program Application Form



The ARTS Student Program

Please email or mail your completed application to:

Sigma Lambda Omega
Attn: The Arts
P.O. Box 7539
Van Nuys, CA 91409

Or email to: akaslo.arts@gmail.com

Deadline to apply for Unit 3: Drama and the Movements is **Sunday, August 29, 2021**. The cost of the program is Free. Limited number of students will be selected. Unit 3 runs September 2021 - June 2022.
