

# ARTWORK/PHOTOGRAPHY RELEASE FORM



**SUGGESTION:** (Make 3 copies of the completed Release Form for each flag or artwork design. Attach 2 copies to the back of the flag design or artwork (one will remain permanently on the artwork and one will be removed for Youth Art Month files. Keep the third copy for your records.

- ✓ I hereby grant the irrevocable right and permission to my State Art Ed Association and The Council for Art Education to use a photograph of me, my artwork, a photograph of my artwork, or a photograph taken by me for publication in the news media or electronically via the internet or in other displays for education, non-profit, visual art publications, and exhibitions.
- ✓ I understand and agree that such photographs and artwork of me or taken by me may be placed on the Internet. I also understand and agree that I may be identified by name, grade, and school district in printed, internet or broadcast information that might accompany the photographs or artwork. I will waive the right to approve the final product.
- ✓ I acknowledge I do not expect to receive compensation. I hereby release, and fully discharge my State Art Ed Association and The Council for Art Education from any claims, rights, damages and liabilities arising out of or related to any claims for invasion of privacy, appropriation of likeness or defamation.
- ✓ I have read this Release Form, I understand it, and I agree to be bound by it. I also warrant that I am eighteen (18) years old, or, if I am under 18 years old, that my parent or guardian has also signed this release below.

PLEASE PRINT:

Student/Individual Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student/Individual Signature: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_ Medium: \_\_\_\_\_

School District: \_\_\_\_\_

School (full name): \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dr./Mr./Mrs./Ms. Teacher: \_\_\_\_\_

Art Teacher Email Address: \_\_\_\_\_ Art Teacher Phone Number: \_\_\_\_\_

NAEA Membership #: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature (required for students under age 18): \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

This form must accompany all artwork and flag/banner design submissions