



Image & Artwork Release

I, _____, hereby authorize and consent to the use of images of my child and/or their artwork by Arts Every Day for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and website. I give consent with no claim for payment.

Artist Name: _____

Phone Number (only in case we need to contact you): _____

Teacher Name: _____

Teacher Email and Phone Number:

School Name: _____

Signature (Parent or Guardian if under 18 years of age):

Signature

Date

