



## 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 this consent with no claim for payment.

Artist Name:

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Signature (Parent or Guardian if under 18):

Date \_\_\_\_\_

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

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Teacher Name:

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Teacher Email and Phone Number:

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School Name:

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