
ROCK SCHOOL

ARTS FOUNDATION

ARTIST RELEASE FORM

DIRECTIONS: Please complete this consent form in its entirety and return with artwork submission.

I certify that the artwork identified below is original, copyrighted, is mine alone, and that I have full authority to grant the permissions herein.

I hereby grant permission to the Rock School Arts Foundation to photograph and use the image of my submitted artwork in the exhibition online. I agree that the submitted artwork, along with my name and information about the piece may be used and posted on the Foundation website, other websites, and social media, for promoting the exhibition. No compensation will be paid for such use.

I agree to indemnify and hold harmless Rock School Arts Foundation, their director and board against all claims, liability, loss and damage, connected with the publication and/or display of submitted artwork. This release was read before signing below, and the contents, meaning and impact of this release are fully understood.

I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Please Print Clearly

Title of Artwork: _____

Medium: _____

Artist Name: _____ Artist's Date of Birth: ____/____/____

Mailing Address: _____ City: _____ State: _____

Email Address: _____

Phone Number: Home: _____ Cell: _____

Signature: _____ Date: _____