

AAUW GP 2023 Art Contest Entry Form

Name _____ Date _____

Email Add. _____ Phone _____

School _____

Title of artwork _____

Medium _____

May AAUW GP use a picture of you and your artwork to promote the exhibition? **Yes** ___ **No** ___

If "Yes" fill out the **AAUWGP Media Release/Consent Form**.below.

I hereby consent to and authorize the use and reproduction by AAUW GP of any and all photography and/or videography that has been taken of ___

Me, I am 18 years of age, or ___ My minor child

in connection with the AAUW GP art contest/exhibit for any purpose, without compensation to me. All digital images and/or video files are wholly owned by AAUW GP, who reserves the right to use these images and/or video for promotion, fundraising events, and publicity to promote this event and mission of the organization, including Facebook, Webpage, Instagram, local newspapers, and other media.

I hereby acknowledge that I am at least 18 years of age or the parent of a minor and have read and understood the terms of this release.

Artist signature _____ **Date** _____

Mailing Address of Artist _____

Parent/guardian Signature _____

Date _____ **Phone** _____

Mailing address of parent or guardian _____

