



# FAEA AUTHOR'S RELEASE FORM

Please fill out this form and return to the FAEA office.

402 OFFICE PLAZA TALLAHASSEE, FL 32301-2757 PH: 866-783-2787 FAX: 850-942-1793 INFO@FAEA.ORG WWW.FAEA.ORG

IN CONSIDERATION of the willingness of the Florida Art Education Association (hereinafter referred to as "FAEA") to publish a written work submitted by the undersigned author (hereinafter referred to as "Author") and other good and valuable consideration, it is agreed as follows:

1. The undersigned Author hereby warrants that he or she has the right to submit this proposal which is his or her original work, save for any references, quotations or other content which are properly credited within.
2. The undersigned Author hereby grants to the FAEA the right to publish the article on one or more occasions, on paper, the Internet or other format, to edit the article and to permit the republication of the article by any non-profit organization so long as the Author receives acknowledgment as author.
3. The undersigned Author states that this article . . .has or . . .has not been previously published. If it has been previously published, the Author shall attach to this release form a statement of all publications in which it has been previously published.
4. The undersigned Author hereby warrants that he or she has the right to submit this proposal to FAEA upon the foregoing terms and conditions and warrants that the work is his or her sole creation and that any charge of plagiarism or copyright violation shall be the sole responsibility of the undersigned Author, who will bear all costs of any necessary legal defense and will indemnify FAEA therefrom.
5. This release shall bind the Author and FAEA and either of their successors or assigns.
6. This release constitutes the entire agreement pertaining to the publication by FAEA of the Author's work. Any modification to this release, or additional terms, must be proved in writing by an officer of FAEA and the Author.

IN WITNESS WHEREOF, the parties have hereunto executed this release form.

### AUTHOR:

\_\_\_\_\_  
 Signature Date: \_\_\_\_\_ \_\_\_\_\_  
 Printed Name of Author

\_\_\_\_\_  
 Printed Name of Author Street Address

\_\_\_\_\_  
 City State Zip Telephone Number

### FLORIDA ART EDUCATION ASSOCIATION

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Party