2018/2019 YOUTH ART MONTH NATIONAL FLAG ENTRY FORM



GUIDFLINES:

Design a 3'X 5' flag or banner based on the theme "Your Art Your Story".
✓ Include the name of the state in the flag design.
 Design can be VERTICAL or HORIZONTAL format, as long as if the box on this form.
✓ Include the words "Youth Art Month" if possible.
Student Name:
Grade:
School:
Address:
Art Teacher:
Art Teacher Email Address:
Art Teacher Phone Number:
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ARTIVORK/PHOTOGRAPHY RELEASE FORM



SUGGESTION: (Make 3 copies of the completed Release Form for each flag or artwork design. Attach 2 copies to the back of the flag design or artwork (one will remain permanently on the artwork and one will be removed for Youth Art Month files. Keep the third copy for your records.

- I hereby grant the irrevocable right and permission to my State Art Ed Association and The Council for Art Education to use a photograph of me, my artwork, a photograph of my artwork, or a photograph taken by me for publication in the news media or electronically via the internet or in other displays for education, non-profit, visual art publications, and exhibitions.
- I understand and agree that such photographs and artwork of me or taken by me may be placed on the Internet. I also understand and agree that I may be identified by name, grade, and school district in printed, internet or broadcast information that might accompany the photographs or artwork. I will waive the right to approve the final product.
- I acknowledge I do not expect to receive compensation. I hereby release, and fully discharge my State Art Ed Association and The Council for Art Education from any claims, rights, damages and liabilities arising out of or related to any claims for invasion of privacy, appropriation of likeness or defamation.
- ✓ I have read this Release Form, I understand it, and I agree to be bound by it. I also warrant that I am eighteen (18) years old, or, if I am under 18 years old, that my parent or guardian has also signed this release below.

PLEASE PRINT: Student/Individual Signature: _____ Student Address: City: ______ State: _____ ZIP: _____ Phone #: _____ Title of Artwork: Medium: School District: School (full name): School Address: City: State: ZIP: Dr./Mr./Mrs./Ms. Teacher: Art Teacher Email Address: ______ Art Teacher Phone Number: _____ NAEA Membership #: ______ Parent Name: Parent Signature (required for students under age 18): Parent Email Address: Parent Phone Number: