

Kid's Art Exhibit Entry and Permission

November – December

Please fill-out completely and clearly

*\*All submitted artwork must be original and created by artist\**

Information for Artist to Fill Out

First and Last Name \_\_\_\_\_ Artist's Age \_\_\_\_\_

Entry Name \_\_\_\_\_ Art Size \_\_\_\_\_

Information for Adult Supervisor to Fill Out

Adult Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

REMINDER – Artwork will be returned

I, the undersigned, grant permission to Summit Metro Parks to use copies or originals that I have submitted:

- In the Kid's Art Exhibit (whether in-person and/or virtual)
- In future publications, programs, and/or exhibits

And further agree that Summit Metro Parks may use these photographs without further authorization from me and without need to provide name credit for my photographs.

ARTIST SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADULT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

