

ART SUBMISSION FORM

Historical Coventry: A Celebration in Art

STAFF

PLACE
STICKER
HERE

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

Phone Number: _____ Email Address: _____

Parent/Guardian Name + Phone Number: _____

School/Homeschool: _____ Pronouns: _____

Please circle your grade: **K 1 2 3 4 5 6 7 8 9 10 11 12**

I (the student) understand and agree to the following by submitting to/participating in the Art Contest:

- I grant permission for my artwork to be displayed and or mounted at the Art Contest.
- I have read and followed the rules of the Art Contest for my submission.
- I understand if my artwork submission does not meet the requirements set out in the rules, my submission will be disqualified from the Art Contest.
- I agree that my submission is my original composition, content, and individual expression
- I waive and release any and all rights for the Art Contest, the Town of Coventry, and the Committee to use my artwork/image.
- The Art Contest, Committee, and the Town of Coventry are not responsible for theft, loss, or damage of the submission.

Name: _____

Participant Signature: _____

Parent/Guardian Signature: _____



RECEIPT OF SUBMISSION

The student and parent/guardians understand that as a condition of participation in the Art Contest they are granting permission to display the student's artwork in whole, in part or composite. The student and parent/guardian waive and release any and all rights to inspect/approve the final product and they release, discharge, and hold harmless the Art Contest, the Town of Coventry and the Committee from any liability by virtue of the use of the student's artwork or images. The Art Contest and the Committee are not responsible for loss, theft, or damage of artwork. Artwork will not be repaired.

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Name: _____

Participant Signature: _____

Parent/Guardian Signature: _____