



Art @theheart
Student Artwork Permission Form

I agree to allow my art to be a part of the Art@theheart 2015 Exhibit. In doing so, I release Immaculate Heart Academy and its agents from any and all responsibility in the event of loss or damage to my artwork. I agree to allow my art to be displayed, photographed and /or published for educational, non-profit, visual art publications and exhibitions, including IHA's online gallery. I understand that last names of students will NOT be used in publications.

STUDENT NAME _____ GRADE _____

TITLE of ARTWORK _____

MEDIUM _____

SCHOOL (Full Name) _____

SCHOOL ADDRESS _____

CITY _____ ZIP _____ PHONE# _____

(Dr. Mr. Mrs. Ms.) TEACHER _____

TEACHER'S E- MAIL _____

TEACHER'S PHONE# _____

(Dr. Mr. Mrs. Ms.) PRINCIPAL'S NAME _____

PRINCIPAL'S EMAIL _____

STUDENT SIGNATURE _____

PARENT NAME _____

PARENT SIGNATURE _____

*PARENT E-MAIL _____

STUDENT ADDRESS _____

CITY _____ ZIP _____

HOME PHONE # _____

This form must accompany the artwork in order for the work to be hung.

Please make a copy for each student.