

ATTACHMENT A

A signed release form **MUST** accompany all art, photos, & craft items submitted.

PLEASE DO NOT ATTACH RELEASE FORM TO ARTWORK

2019 DIRECTOR'S CREATIVITY SHOWCASE RELEASE FORM

I do _____ do not _____ give my permission for my artwork submission to the Director's Creativity Showcase to be displayed, in any venue or area designated, for general public viewing.

I understand that by signing below:

- I am giving up any right to hold the person(s), partnership, or corporation in charge of the display area liable for any damages and/or loss of my artwork.
- I am giving permission to the Missouri Mental Health Foundation, the Missouri Department of Mental Health and exhibit venues to use images of my artwork for educational and promotional materials.

Artist Name: _____

Artist Address, City, Zip Code: _____

Artist Signature/or Guardian: _____

Witness: _____ Date Signed: _____

Facility Name: _____

Facility Contact Person: _____ Phone: (_____) _____

Facility Address, City, Zip: _____

NOTE: *Please have release form signed and submit to:* **Missouri Mental Health Foundation
221 Metro Drive, Suite C
Jefferson City, MO 65109**

This event is sponsored by the Missouri Mental Health Foundation and the Department of Mental Health.

