



For MMHF Office Use Only

## RELEASE FORM ATTACHMENT C

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

**PLEASE DO NOT ATTACH RELEASE FORM TO ARTWORK**

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: \_\_\_\_\_

Facility Address, City, Zip Code: \_\_\_\_\_

**NOTE: Please have a release form signed and submit to:**

**Missouri Mental Health Foundation  
223 E. Capitol Ave., Lower-Level  
Jefferson City, MO 65101**