



Virginia Art Education Association

Our Mission is to promote, support and advance visual arts education through professional development, leadership, research and service

PARENT AND STUDENT INFORMATION AND RELEASE FORM

Student Name: \_\_\_\_\_

City County: \_\_\_\_\_

Title of Work: \_\_\_\_\_

ORIGINALITY CERTIFICATION

I hereby certify that, to the best of my knowledge, the artwork described above is an original work by the undersigned student and that it is not copied from, nor does it include, any other person's copyrighted work.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Art Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VAEA/NAEA Membership number: \_\_\_\_\_

FOR GOOD AND VALUABLE CONSIDERATION this day received, we, the undersigned, represent that the artwork described above is an original work of authorship personally created by the undersigned student. I further certify that I am the parent and/or legal guardian of \_\_\_\_\_ (child's name) and that I have legal custody and legal authority over my child whose artwork is the subject of this Release. In consideration of the VAEA's acceptance of my child's artwork and/or design, I hereby intentionally and voluntarily give my full, both express and implied, permission to and grant the VAEA the irrevocable and unrestricted right to exhibit, reproduce, and publish my child's artwork in any printed and/or electronic media, including but not limited to websites, Power Point presentations, television, newsletters, journals, consumer press and in any other articles, publications and/or media.

I further consent and agree to give my express and implied permission to the VAEA, its Board, Officers, agents and/or assigns to publish the first name of my child for promotional activities without any compensation, present or future, and without prior notice to my child or to me. I understand that any of my child's personal identifiable information such as my child's last name, address or telephone number will not be used for any promotional or publicity purposes and will not be given to any third parties. I understand that my child's original artwork will / will not be returned.

The undersigned further agrees to indemnify, hold harmless and defend the VAEA, it's Board, Officers, members, affiliates, employees, representatives, agents and/or assigns, including any advertising and promotional agencies against any and all claims, causes of action, or losses of any kind or of any nature whatsoever, including, but not limited to, claims of copyright infringement or infringement of intellectual property rights by any party whatsoever, arising out of or in any way related to the submission of the subject artwork. I certify that I have the opportunity to review this document with Counsel and have discussed this Consent and Release Form with my child and he/she understands and agrees to the terms. Copies of the Release are legally effective and enforceable, and shall be considered with full force and effect.

Parent / Legal Guardian's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the Information Form on Page 2

# Information Form

Please type or print clearly

<b>Student Information</b>		
Student Name:	Grade:	
Street Address:		
City:	State:	Zip:
Parent or Guardian Name(s):		
Parent Home Phone:	Parent Work Phone:	
<b>School Information</b>		
School Name:		
School Street Address:		
City:	State:	Zip:
Art Teacher Name:		
Art Teacher's NAEA/VAEA ID Number:		
<b>Art Work Information</b>		
Title of Work:		
Medium:		
Description:		