

## Art Work Release Form

I authorize River City Family Connections to use, free of charge and without limitation, to publish for use in program material or exhibit, my child's artwork submitted to the Color For Change Art Contest.



Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_