



The Art of Family

ENTRY RELEASE FORM

Name of Parent/Guardian (printed): _____

Mailing Address: _____

City/Zip: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Names and Ages of family member participating in this project:

Title of Entry: _____

Description of the work or what it means to the family (in less than 40 words):



By signing this release, you give Family Resource Center of Central Oregon perpetual royalty free license to reproduce the works in order to promote the Art of Family Art Challenge or Family Resource Center programs with marketing materials such as, but not limited to, brochures, public information materials and exhibits. You also agree that all the works sent to Family Resource Center of Central Oregon will NOT BE RETURNED to the artists.

Signature: _____ Date: _____

(Parent/Guardian)