THE ART VILLAGE

Teacher's Name *

Email *

Phone Number *

Name of School and School District / County *

School Address

City, State, Zip Code

Briefly describe the project you are planning to do your students.

We are trying to promote creativity in the classroom and The Art Village. Please send us a picture of the students doing the project- no student faces. Read the picture/video release below and sign and date in the indicated box

The Art Village would like to promote art supply recipients on our website and Facebook accounts.

PHOTO / VIDEO RELEASE FORM

I hereby give permission in The Art Village, Inc. to use my name and any moving and/or still images and accompanying audio of me, captured in connection with The Art Village Supplemental Art Supplies Program for educational, demonstrative, or promotional materials and publications in any media, worldwide and in perpetuity, and I waive any rights of compensation or ownership thereto.

Sign and Date Release Form Here. Your signature indicates you understand and agree to the release form terms

Attach picture here *

Choose Files No file chosen