

Name:				
Age Category:	□ 7th-9th Grade	□ 10th-12th Grade	□ Adult (18+)	
Phone or Email:				
Title of Piece:				
Art Mediums Use	d:			
Autist Statement				

Artist Statement

Please explain the connection between your submission, the media you chose and what inspired you to make it. This may include vision, theme, context, technique, influence, etc.

Releases (Please Initial Each Box)

I, if 18 or older, or the parent/guardian of the child named above, do hereby give permission to the New Lenox Public
Library to display my submitted artwork at the library.

- □ I give permission to reproduce my work/my child's work (giving due credit to myself/my child) on the library's website and in other library publicity or publications.
- □ I agree to release the New Lenox Public Library from any liability for any loss or damage that may occur while my child's/my work is at the library.
- □ I also agree to release the New Lenox Public Library, its employees, agents and representatives, from any and all liability, claims or damages which in whole or in part result from, or arise out of, or are claimed to result from or arise out of participation in the Summer Visual Art Challenge.
- □ I give my permission to the staff of the New Lenox Public Library to use, reproduce, publish, and redistribute the photograph(s) from the Summer Visual Art Challenge, either complete or in part, alone or in connection with the press releases, promotional or publicity publications, reports, and pages of the website, whether now known or later invented, of the New Lenox Public Library. I understand that I do not own the copyright of the photograph(s).
- **Optional:** I wish to display my art but remain anonymous.
- **Optional:** I wish to participate in the art contest but I do not wish to display my work in public.

Signature(s):

Date: _____