“Love Shouldn’t Hurt”

Student Art Contest Submission Form

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| --- | --- |
| Circle Age Group:**3-6 7-9 10-13 14-18** | Age: |
| Artist’s First Name: | Artist’s Last Name: |
| Address: | School Name: |
| Phone Number (to contact winner): | Other means of contact if no phone number is available: |

Parent/Guardian Authorization:

I hereby give permission to A Woman’s Place (AWP) to use my child’s artwork, name, and school in advertising for this event and in other publications as well in connection with AWP. I understand that there will be no financial or other benefits for the use of my child’s artwork and I hereby release AWP from any liability resulting from or connected to the publication of such work.

Parent/Guardian Name

(if under 18)

Parent/Guardian Signature

(if under 18)

Contestant Signature

(if 18)

Date

**\*Submit With Artwork**