

STUDENT PERMISSIONS RELEASE FORM

STUDENTS: Please fill out this form, (print or type) and sign it. Your parent or legal guardian must sign it as well. Return the completed form to your teacher.

Student's Name:

Age:

Address:

City/State/Zip:

Phone:

Title of work:

Medium used (forming methods, firing type, etc.):

Dimensions:

Price (if wishing to sell):

Teacher's name:

School:

Address:

City/State/Zip:

I hereby grant permission to the Artist's Cooperative Gallery to display my artwork for the public to view. I understand that the Artist's Cooperative Gallery is not responsible for loss or damage of any artwork.

Signature of Artist

Date

Signature of Parent or Legal Guardian

Date

**Contact the Artists Cooperative Gallery with any questions or concerns:
(402) 342-9617**