

Creative Arts Competition Submission Release

I/we release my/our submission or the submission from the student(s) at the school listed below for publication and/or exhibition at the Holocaust Memorial and Tolerance Center of Nassau County, Inc. (the "Center"). I/we further authorize the use of the submission and the reproduction of same for inclusion in brochures and other media issued or printed by the Center. I/we hold the Center harmless against loss and/or damage to the submission. It is understood that the Center is relying upon the representations contained in this Release, in accepting the submission accompanying this Release. This Release is signed by the undersigned, who represents that s/he is authorized to execute same on behalf of the student(s) listed below. For group entries, each group member must complete and attach a release form.

MUST PRINT CLEARLY and complete all information

STUDENT NAME: _____ DATE: _____
First Name Last Name

ADDRESS: _____

PHONE: _____ E-MAIL: _____

TEACHER: _____ GRADE: _____
First Name Last Name

SCHOOL: _____

ADDRESS: _____

E-MAIL: _____

PHONE: _____ PRINCIPAL'S NAME: _____

TITLE OF SUBMISSION _____

Please Indicate Category of Entry:

Painting/Drawing _____ Sculpture/Multimedia _____ Poetry _____ Prose _____
 Music _____ Photography _____ Video _____

STUDENT SIGNATURE _____ TEACHER SIGNATURE _____

PRINCIPAL SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

PLEASE ATTACH AN ARTIST'S STATEMENT, OR USE THE BACK OF THIS FORM