

## Art: A Voice Art Show Informed Consent

In seeking consent for the display of your artwork, the agencies and organizations involved in the planning of this year's art show are providing you with information addressing the reasons for the art exhibit and its intended use.

Permission to Exhibit Artwork I hereby give permission that art produced by \_\_\_\_\_ may be used for the following purposes:

(Artist's full name)

Exhibition/Display within the general community for the Art: A Voice art show

Internet/Website photographs of the event

### Confidentiality (Please check your preference below):

**I would** like my/my child's (if a minor) name to be listed as the identified artist.

I understand that my/my child's name will be used as the identified artist. I understand that the exhibit will be advertised and associated with persons who use art to manage, cope with or express their mental health challenges. I understand that my/my child's artwork will be handled with care and returned to me after the exhibit, but that the organizations and volunteers involved are not responsible for lost, stolen or damaged artwork.

**I would not** like my/my child's name to be listed as the identified artist.

I understand that no reference will be made to my/my child's identity and that confidentiality will be maintained. I understand that the exhibit will be advertised and associated with persons who use art to manage, cope with or express their mental health challenges. I understand that my/my child's artwork will be handled with care and returned to me after the exhibit, but that the organizers and volunteers involved are not responsible for lost, stolen or damaged artwork.

### Revocation

I understand that I may revoke this authorization at any time by notifying Ethan Fragale ([ethan.fragale@dbhds.virginia.gov](mailto:ethan.fragale@dbhds.virginia.gov)) or Kaitlin Stauffer ([kaitlin.stauffer@dbhds.virginia.gov](mailto:kaitlin.stauffer@dbhds.virginia.gov)). I acknowledge that any photographs, use or disclosure made prior to notice will not be affected by my revocation.

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Artist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Legal Guardian (if artist is a minor)

\_\_\_\_\_  
Date

Please list the Title (if one given) for each work submitted.

Title:  Medium:

Name as you would like written:

(Example: Anonymous, R. Isak or RI or Rachel Isak etc)

Title: \_\_\_\_\_ Medium: \_\_\_\_\_ Name as you would like written

Title: \_\_\_\_\_ Medium: \_\_\_\_\_ Name as you would like written

**Thank you for your submission and dedication to Recovery and the Arts!!!**