

ART: A VOICE



We are continuing to foster resilience and advocacy with our 15th annual art show! This year, we are happy to announce that the show will be in person, as well as online.

We will resume hosting a live exhibition with opening night on **May 6th 5-7 pm** at the Staunton Augusta Art Center.

We hope to see you all there!

We will be accepting artwork from all who live with mental health struggles. Our commitment is to provide an avenue to share our unique ways of processing and expressing thoughts and emotions, while fostering connection and acknowledging our shared humanity.

Submission

* If you would like to participate virtually ONLY please send art and consent form to the Staunton Augusta Art Center at: saartcenter@gmail.com

* If you would like your art to be displayed in the gallery and online please drop off your art and consent form to the Staunton Augusta Art Center:

- 20 South New Street Staunton, Virginia 24401. (They will photo your work for the virtual show after receiving).
- Drop off times: Wednesday - Friday: 1-4pm | Saturday: 10am-4pm | Sunday: 10am-2pm

*Please complete the accompanying consent form. By submitting artwork you are agreeing to the terms in the consent form. Make sure to include your name, title and the medium, as well as contact information with all art.

* Matting will be provided to the first 50 people who submit art

Deadline for submissions is April 1st

Check us out on Facebook "Art: A Voice" or Instagram #artavoicestaunton

Check out our 2021 show: <https://www.saartcenter.org/art-a-voice>

Questions: Kaitlin Stauffer- kaitlin.stauffer@dbhds.virginia.gov

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.

Name as you would like written: _____

(Example: E Fragale, EF, Ethan Fragale)

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.

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

Title: _____ Medium: _____

Title: _____ Medium: _____

Title: _____ Medium: _____

(Please sign page 2)

Even if you remain anonymous, please leave contact information so we can reunite you with your art. Art will be on display May 1-31 2022 at the Staunton Augusta Art Center 20 S. New Street Staunton Va. You may pick up your art during business hours after May 31st.

Email: _____ Phone: _____

Optional: If you would like to submit an artist statement about your Recovery and self-expression please include in your submission.

Signature of Artist _____ Date _____

Signature Legal Guardian (if artist is a minor) _____ Date _____

Revocation

I understand that I may revoke this authorization at any time by notifying Rachel Isak at Rachel.Isak@dbhds.virginia.gov or 540-332-8176. I acknowledge that any photographs, use or disclosure made prior to notice will not be affected by my revocation.

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