

Art: A VOICE is back with our 17th annual show! CALL FOR ARTISTS

We are currently accepting artwork from all who live or have lived with mental health struggles. Whether your art is specifically about your experience, or used as a medium for healing, we encourage you to share your voice.

Our commitment is to provide an avenue to share our unique ways of expressing our thoughts, emotions, and experiences while fostering community connection. All mediums are welcome.

The live exhibition will be open all May, with opening night on **May 3th 5-7pm** at the Staunton Augusta Art Center.

Submission (Deadline for Submissions is April 15th):

*If you would like your art to be displayed in the gallery, please drop off your art and consent form to the Staunton Augusta Art Center between April 1st- April 15th:

- 20 South New Street, Staunton, Virginia 24401
- Drop off times: Wednesday-Friday: 1-4pm | Saturday: 10am-4pm | Sunday: 10am-2pm
- *Art may also be dropped off at the offices of Shenandoah Art Therapy, 1835 Rosser Ave, Suite 2, Waynesboro, VA 22980 during normal business hours.
- *Please complete the accompanying consent form to be submitted with your work. By submitting artwork, you are agreeing to terms in consent form.
- *Matting will be provided to the first 50 submissions.
- *Artwork must be picked up from June 5th-June 8th during the Art Center's normal business hours. If unable to do so, please contact Carolyn Maloney at info@saartcenter.org.

Check us out!

Facebook: "Art: A Voice"
Instagram: #artavoicestaunton

Previous online galleries: https://www.saartcenter.org/art-a-voice

Questions: Bruce Blair-mhaquaustacounty@gmail.com or Carolyn Maloney-info@saartcenter.org

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 t may be used	hat art produced by 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 prefer	rence below):
☐ <u>I would</u> like my/my child's (if a minor) name to be lis	sted as the identified artist.
I understand that my/my child's name will be used as the advertised and associated with persons who use art to mar challenges. I understand that my/my child's artwork will lexhibit, but that the organizations and volunteers involved artwork.	nage, cope with or express their mental health be handled with care and returned to me after the
☐ I would not like my/my child's name to be listed as the	ne identified artist.
I understand that no reference will be made to my/my chi maintained. I understand that the exhibit will be advertise cope with or express their mental health challenges. I und with care and returned to me after the exhibit, but that the responsible for lost, stolen or damaged artwork.	d and associated with persons who use art to manage, lerstand that my/my child's artwork will be handled
Revocation	
I understand that I may revoke this authorization at any tinfo@saartcenter.org. I acknowledge that any photographs affected by my revocation.	
Email: Phone:	
Signature of Artist	 Date
Signature Legal Guardian (if artist is a minor)	Date

Title:	Medium:
Name as you would like written:	
(Example: Anonymous, B. Blair, BB or Bruce Blair etc.)	
Title:	Medium:
Title:	Medium:

Please list titles for each piece submitted on second page.

Optional: If you would like to provide an artist statement, please write a few sentences below.

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