Seven Corners Gallery Media Release Form for Artists

I grant Community Vision and Seven Corners Gallery permission to display and document the artwork I am submitting for exhibition. I understand that I will not be compensated for the exhibition of my artwork or its use in any form of promotion, online or in print, unless otherwise agreed upon between Community Vision and myself. I understand that my artwork may not be displayed and the Seven Corners Gallery has the right to refuse any artwork. If my artwork is not displayed, it will be returned to me. Neither the Community Vision nor Seven Corners Gallery is responsible for any harm or loss that occurs to the artwork. I acknowledge that I am at least 18 years of age, or that this release has also been signed by my parent or guardian.

Artist's Full Name (print) Mailing Address City, State, Zip		
Phone Number		
Email Address		
Signature of artist releasing art to Community Vision	Date	
Signature of parent or guardian releasing art to Community Vision	Date	
☐ I would like my artwork to be listed for sale. [Important Corners Art Gallery will handle the sale and exchange of Sales will be made between Community Vision, me (article).	f money on behalf of t	he artist.
I would like my artwork to have the following information of name, title of work, medium, dimensions, date, and price):	lisplayed with it (exan	nple: artist's
Signature of the artist releasing artwork	Date	
Signature of the parent or guardian releasing artwork	Date	