BACK OF ART PIECE

WESTERN ART RELEASE - PLEASE PRINT CLEARLY

(This release must be fully completed and securely attached to the back of the photo. Failure to do so will result in disqualification.)

Name:	
Home Address:	
Phone number:	Grade as of 9/1/2023:
School/Chapter/Club:	Teacher/Club Manager:
Teacher/Club Manager Contact Phone Number:	
reserves the right to photograph, record video and utilize photograph show or its entities. I waive any rights, claims, or interests I may hav	nd delivered for judging follows all rules and regulations of the Western Art Division. RGVLS as and videos for development education, promotion, and/or marketing/fund raising purposes for the ve to control the use of my project, the identity of the subject(s) or likeness in the photographs or at compensation or additional consideration. I represent that I have read and understand the
Name (please print):	
Signature of exhibitor:	Date
If the individual is under the age of 18, consent of the l	egal parent or guardian is needed.
Parent/Guardian Name (please print):	
Parent/Guardian Signature:	Date:
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I do hereby consent and agree to the art project I have submitted ar reserves the right to photograph, record video and utilize photograph show or its entities. I waive any rights, claims, or interests I may hav	nd delivered for judging follows all rules and regulations of the Western Art Division. RGVLS as and videos for development education, promotion, and/or marketing/fund raising purposes for the re to control the use of my project, the identity of the subject(s) or likeness in the photographs or at compensation or additional consideration. I represent that I have read and understand the
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