



## Bicentennial Arts Contest Coversheet & Participant Release Form



Submit this cover letter and release form with artwork to [b-artscontest@bloomington.in.gov](mailto:b-artscontest@bloomington.in.gov) or at the Community and Family Resources Department, 401 N. Morton Street, Suite 260, Bloomington, IN 47404. For group submissions, each artist must submit a cover letter and participant release form.

Please print or type

Name of artist: \_\_\_\_\_

Title of art project: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

School grade category (circle one): K-2    3-6    7-8    9-12

I, the creator of this entry, agree to allow the City of Bloomington to exhibit our work, to use our work to promote the bicentennial history contest and to publicize our names. I understand that while the City will make its best efforts to return our work to me in its original condition, the City is not responsible for any harm to our work while in the City's possession. I represent that we have the right to enter into this agreement. If I am less than 18 years old, my parent and/or legal guardian will sign below.

If my entry is a video entry, I agree to also sign a video release (below) and to secure a release from anyone other than the creators who appeared in our video.

Creator's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of creator (or parent or legal guardian if under 18)      Date

**Video participants**

The following is for only for individuals appearing in video entries.

By signing below, I acknowledge the following:

My appearance in this video was completely voluntary.

I give my permission to the City of Bloomington to use my appearance in the video and any parts thereof, including still photos and audio of me, in any manner desired. This permission is binding on my heirs and assigns.

I understand that there are no promises of compensation for appearing in this video.

I hereby release the City of Bloomington, its employees, affiliates and agents from any claims, demand and suits arising out of this video.

I represent that I have the right to enter into this agreement. If I am less than 18 years of age, my parent and/or legal guardian will sign for me as well.

Full name of video participant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of video participant (or parent or guardian if under 18)    Date

(Copy as necessary for additional video participants)