

ARTHAUS STUDENT ART RELEASE FORM

I, _____, HEREBY GIVE MY PERMISSION FOR MY CHILD, _____,
TO SUBMIT THEIR ART FOR THE 2025-2026 ARTHAUS GALLERY SEASON.

MY CHILD'S WORK WILL BE EXHIBITED AT THE ARTHAUS STUDENT ART GALLERY AND MAY ALSO BE PROMOTED IN ARTHAUS PUBLICATIONS, I.E. ANNUAL REPORT, SOCIAL MEDIA, AND WEBSITE.

EXHIBITIONS WILL BE HELD AT ARTHAUS FOUNDATION, LOCATED AT
4655 CITY CENTER CIRCLE IN PORT ORANGE, FLORIDA. YOUR CHILD'S ART TEACHER WILL PROVIDE FURTHER
DETAILS REGARDING OPENING RECEPTIONS AND SHOW DATES.

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

PARENT GUARDIAN: _____ SIGNATURE: _____

DATE: _____

EMAIL: _____ PHONE: _____

ARTWORK WILL BE RETURNED TO YOUR STUDENT'S ART TEACHER AT
THE CLOSING OF EACH SHOW..



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