



MASSACHUSETTS  
ART EDUCATION  
ASSOCIATION

## High School Photography/Altered Images Exhibit October 6, 2017 - November 17, 2017

*Please Print Clearly and Securely Attach to  
Back or Bottom of Artwork*

**Student Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent/Guardian Phone (w/area code):** \_\_\_\_\_

**Parent/Guardian Email (required):** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Teacher Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Teacher Email (required):** \_\_\_\_\_

### ARTWORK INFORMATION

**Title:** \_\_\_\_\_

**Medium:** \_\_\_\_\_ **Size:** \_\_\_\_\_

### CONSENT

Massachusetts Art Education Association, Massachusetts Division of Capital Management and Maintenance, and the State Department of Transportation maintain the right to determine which photographic works are appropriate for exhibit in the State Transportation Building. It pledges that this information about participants (students and teachers) on this form is used solely for the purpose of administering the above named exhibit. The above information is not made public on any web site or in other form and is not made available to other entities for commercial use. I have read and fully understand all requirements for this exhibit. By my signature, I grant permission to M.A.E.A. and sponsors to publish, in all print and electronic media, the student's name, age and name and location of the school. I understand that sponsors assume no responsibility for lost or damaged work.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_