



**Exhibition Contract for MAEA NAHS Exhibit:  
*Open Perspectives*  
Montserrat College of Art**

**Exhibit Release of Liability Form**

*Please Print Clearly and Securely Attach to Back 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 and Montserrat College of Art maintain the right to determine which photographic works are appropriate for exhibit. 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. This document 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 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:** \_\_\_\_\_