TALENT RELEASE FORM

ARTWORK INFORMATION

Artwork Title:

ARTIST CONTACT INFORMATION

First Name:	
Surname:	
Address:	
Email:	
Phone:	

SUBJECT CONTACT INFORMATION

First Name:	
Surname:	
Address:	
Email:	
Phone:	

ADULT DECLARATION (OVER 18)

l,	(insert name) as the subject o	f
	(artwork title)	

give permission for the image recreated to be entered into the 2024 Cossack Art Awards.

I acknowledge that reproductions of this artwork may be made for media, cataloging and promotion of the Cossack Art Awards by the City of Karratha and consent to the reproduction and distribution of this material.

Signature:____

Date:

MINOR DECLARATION (UNDER 18)

(insert name)	as the	legal	parent/	guardian	of
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_ (insert minor's name), the subject of

_____ (artwork title) give permission for the image

created to be entered into the 2024 Cossack Art Awards.

I acknowledge that reproductions of this artwork may be made for media, cataloging and promotion of the Cossack Art Awards by the City of Karratha and consent to the reproduction and distribution of this material.

Minor's name:	Minor's Age:		
Guardian			
Signature:	Date:		

Should you have any questions please contact our office on 08 9186 8088 or email cossack.art@karratha.wa.gov.au

