

TALENT RELEASE FORM

ARTWORK INFORMATION

Artwork Title:	
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ARTIST CONTACT INFORMATION

First Name:	
Surname:	
Address:	
Email:	
Phone:	

SUBJECT CONTACT INFORMATION

First Name:	
Surname:	
Address:	
Email:	
Phone:	

ADULT DECLARATION (OVER 18)

I, _____ (insert name) as the subject of _____
_____ (artwork title)

give permission for the image recreated to be entered into the 2022 Cossack Art Awards.

I acknowledge that reproductions of this artwork may be made for media, cataloguing and promotion of the 2022 Cossack Art Awards by the City of Karratha and consent to the reproduction and distribution of this material.

Signature: _____ Date: _____

MINOR DECLARATION (UNDER 18)

I, _____ (insert name) as the legal parent/guardian of
_____ (insert minor's name), the subject of
_____ (artwork title) give permission for the image

created to be entered into the 2022 Cossack Art Awards.

I acknowledge that reproductions of this artwork may be made for media, cataloguing and promotion of the 2022 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 8583 or email cossack.art@karratha.wa.gov.au

The logo for COSSACK, featuring the word in a bold, stylized, orange and yellow font with a textured, metallic appearance.