

PORTRAIT 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, _____ (inset name) as the subject of _____ (artwork title) give my permission for the image recreated of me to be entered into the 2019 Cossack Art Awards.

I acknowledge that reproductions of this artwork may be made for media, cataloguing and promotion of the 2019 Cossack Art Awards by the City of Karratha and consent to the

Sign: _____ Date: _____

MINOR DECLARATION (UNDER 18)

I, _____ (inset name) as the legal parent/guardian of _____ (insert minors name), the subject of _____ (artwork title) give my permission for the image created to be entered into the 2019 Cossack Art Awards.

I acknowledge that reproductions of this artwork may be made for media, cataloguing and promotion of the 2019 Cossack Art Awards by the City of Karratha and consent to the

Minors name: _____ Minors Age: _____

Guardian Sign: _____ Date: _____

Should you have any questions please contact our office on 08 9186 8581 or email Cossack.art@karratha.wa.gov.au