

2015 Yolo County Mental Health Services Act (MHSA)

Art Show

May 7 – 8, 2015
10:30 AM – 4:00 PM

Artist's Name			
Phone			
Address			
City		State	Zip

Description of Entry

DECLARATION OF ORIGINALITY AND ARTWORK /PHOTOGRAPHY RELEASE FORM

I, _____ hereby certify that this is my own original artwork or photography that was created in the 12 months prior to the 2015 Art Show submission deadline, **April 22, 2015**. My artwork has not been copied or reproduced from other artwork or photography by means of tracing, duplication, or any other means.

I understand that my artwork or photograph must be picked up after 4:00 PM on Friday May 8, 2015 at the MHSA Wellness Center.

I hereby grant the MHSA Wellness Center and its representatives the right and permission to publish and/or use photographs or video of my art in print, videos, or in the MHSA Wellness Center newsletter and/or calendar.

Signing this release will also acknowledge and permit Yolo County ADMH to display winning entries throughout the Yolo County Administration buildings.

Artist Signature: _____ Date: _____

FOR AMINISTRATIVE USE ONLY	
Receipt #	
Entry #	
Is this Artwork for Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	