

Arizona Association of Drug Court Professionals
Release of Information form for Art Contest

Artist Name: _____

Name of Problem Solving Court: _____ County: _____

Name of Staff Member responsible to deliver and return art, and their contact information:

Name: _____ Email: _____

Cell phone number: _____

Title of Art, if applicable: _____

Type of Art: Painting Drawing Chalk Poem Sculpture Fabric

Brief description (250 words or less) of how the art entry aligns with the Conference Theme or with Recovery:

I, (artist's name) _____ give the Arizona Association of Drug Court Professionals (AADCP) my permission to display and photograph my artwork and use my first name for the purpose of the art contest at the Annual AADCP Conference. I understand that photographs of my artwork and use of my first name may be posted to the AADCP website, Facebook page, or other related AADCP social media platforms. My artwork will be returned to me by the Court/probation designee after the conference. While the program staff and AADCP will provide the best care for my artwork, I will not hold the program staff or AADCP responsible for any potential damage or lost art.

Artist Signature

Date

Program Staff Member Signature

Date