Arizona Association of Drug Court Professionals Release of Information form for **Art Contest Artist Name:** Name of Treatment Court: _____ County: _____ Name and contact information of Staff Member responsible to physically deliver art at the conference in Prescott, return the art after the conference to the artist, as well as prizes won by the artist: Name of Treatment Court Team Member: Email:_____Cell phone number: Title of Art, if applicable: Type of Art: Painting Drawing Photo Poem -Sculpture -Song/Video Brief description (250 words or less) of how the art entry aligns with the Conference Theme or with the theme of Recovery: give the Arizona Association of Drug Court I, (artist's name) 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 and any received prizes will be returned to me by the Court/probation/staff designee listed on this form 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.

Date

Date

Artist Signature

Program Staff Member Signature