



ArtTherapy4Life[®] - Tennessee

OPTIONAL - MEDIA RELEASE FORM



It is our intention to present individuals in the best light possible and to be respectful in the sharing of their photographic images, recordings, stories, etc.

All artwork produced in the *ArtTherapy4Life – Tennessee* project will be used for educational purposes. The sharing of artwork, photo images and associated stories will be used to bring awareness and education of the positive impact of clinical art therapy and the services provided by this grant project.

It is understood that artwork may be exhibited, published (print or electronically) and/or photographed. There is no time limit on the validity of this release and any rights to royalties or other compensation are waived as the intent is to provide education of the arts in association with Alzheimer's disease, dementias and other diagnoses.

I hereby release and consent this form to Tennessee Technological University and the Thriving4Life nonprofit organization as the entities providing the *ArtTherapy4Life – Tennessee* project.

Please check all that apply:

Artwork:

- I give permission for artwork to be used
- I do not give permission for artwork to be used

Story:

- I give permission for art related story to be used
- I do not give permission for the art related story to be used

Participant:

- I give permission for the participant to be photographed
- I do not give permission for the participant to be photographed

First Name:

- I give permission for the first name of participant to be used
- I do not give permission for the first name of the participant to be used

Name of Care Center or Organization: _____

Name of Legal Guardian (PLEASE PRINT)

Name of Participant (PLEASE PRINT)

Signature of Legal Guardian

Date

Nursing Home Staff

Date Received