

Sharing to inspire!

AUTHORIZATION AND CONSENT FOR PHOTOGRAPHY OF ARTWORK

I agree to permit Art Therapist-C. Blain, ATR to photograph my artwork. Artwork and reproductions of artwork are confidential material so my name will not be revealed and any identifying information will be altered to protect my privacy. I have entered into this agreement in order to assist in the education of Art Therapy and hereby waive any right to compensation for these uses by reason of the foregoing authorization and I and my successors hereby hold Jacksonville Art Therapy LLC harmless from and against any claim for injury or compensation resulting from the activities authorized in this agreement. The term "photograph" as used in this agreement shall mean motion picture or still photography in any format, including photo slides and any mechanical means of recording and reproducing images.

Signed,

Patient or Legal Representative Date

Witness Date