



DROP OFF DATES: March 7 - 10, 9 AM - 5 PM

**QUINLAN VISUAL ARTS CENTER
YOUTH ART MONTH EXHIBITION
Art Entry Form**

(PLEASE ATTACH TO BACK OF ARTWORK & give Quinlan a copy!)

STUDENT NAME: _____

TITLE OF ARTWORK: _____

MEDIUM: _____ (2-D WORKS ONLY)

GRADE: _____ AGE: _____ SCHOOL: _____

ART INSTRUCTOR NAME: _____

ART INSTRUCTOR PHONE: _____

ART INSTRUCTOR EMAIL: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S EMAIL: _____

We, the undersigned Student and Parent/Guardian of the Student, do hereby release and forever discharge the Quinlan Visual Arts Center and agents of and from any and all actions, causes of action, claims, demands, damages, cost, loss of services, expenses and compensation on account of, or in any and all known and unknown personal injuries and property damage, present or future, resulting from participating in the Youth Art Month Exhibition.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

**Please attach this form to the back of artwork and submit to the
Quinlan Visual Arts Center, 514 Green Street NE, Gainesville, GA 30501.**

**Artwork drop-off dates:
Monday, March 9 - 13, 9:00 AM—5:00 PM .
Call for additional information (770) 536-2575.**