

Collaborative Art Project Consent Form

Project Information

Project Title

Project Description

Date(s) of Project

Participant Information

Full Name

Email Address

Phone Number

Consent

I consent to participate in this Collaborative Art Project. I understand that my contribution(s) may be displayed, published, or shared as part of the project and its related publicity or documentation.

☐

I agree

Permissions

I permit the organizers to use photographs, video, audio, or other documentation of my participation for promotional, educational, or archival purposes.

☐

I grant permission

Signature

Name (Typed as Signature)

Date