

Art Model Release Form

Art Therapy Sessions

Model Name

Address

Phone

Email

Art Therapist/Facilitator Name

Session Date(s)

Session Location

Permissions

Description of Artwork/Media

I, the undersigned, hereby grant permission for the use of my artwork, likeness, and/or photographic images created during the art therapy sessions for the following (check all that apply):

- ☐ Exhibitions
- ☐ Publications
- ☐ Research/Education
- ☐ Website/Social Media

Any limitations or conditions:

I understand that my name and personal information will remain confidential unless I provide separate written consent. I acknowledge I have the right to revoke permission in writing at any time.

Model Signature

Date

Therapist/Facilitator Signature

Date

If model is under 18, parent/guardian consent:

Signature of Parent/Guardian

Date