

# Art Therapy Art Material Release Form

**Client Name:**

**Date of Birth:**

**Therapist Name:**

## Art Material Release

I hereby acknowledge that I have created artwork and/or projects during art therapy sessions. I understand that I may choose to:

- Take my artwork/materials with me
- Leave my artwork/materials with my therapist
- Dispose of my artwork/materials

Please indicate your wishes for your artwork/materials below:

**Additional Notes:**

**Client Signature:**

**Date:**

**Therapist Signature:**

**Date:**