Art Therapy Release of Artwork Agreement

This agreement is made between:
Client Name
Therapist Name
Date Purpose
I, the undersigned, acknowledge that I am participating in art therapy sessions and have created artwork(s) during these sessions. I understand that these works are a part of my therapeutic process.
Release Terms
I give consent for the following artwork(s) created in art therapy sessions to be used:
Title or Description of Artwork(s) • The use of artwork(s) is for the following purpose(s) (e.g., educational, exhibition, publication):
Purpose(s) of Use • Identify if the artwork(s) shall be credited anonymously or with name:
Name Usage (Check one): [] Anonymous [] With Name • I understand that granting or withholding this consent will in no way affect my therapy or relationship with my therapist.
I may revoke this consent at any time by notifying my therapist in writing.
Additional Notes:
Client Signature
Date
Therapist Signature
Date