

# Art Gallery Exhibition Photo Release Form

## Participant Information

Name

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Address

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Phone

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Email

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## Event Details

Exhibition Name

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Exhibition Date

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Location

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## Consent Statement

I hereby grant permission to the Art Gallery and its representatives to photograph or record me and my artwork during the above exhibition. I acknowledge that these images may be used for promotional, educational, and archival purposes in print, online, and in other media.

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Participant Signature

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Date

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Parent/Guardian Signature (if under 18)

