

Your Place SQUARED

Community Art Project

Artwork submission form

office use only

Artist's Name: _____

Medium: _____

Phone #: _____

E-mail address: _____

Mailing address: _____

Consent and Waiver:

I hereby agree to grant to the Bruce Museum a royalty-free, irrevocable, and non-exclusive right to use my name, image, and images of the artwork to be included in the exhibition, *Your Place Squared: Community Art Project*, and any related objects, images, sound recordings, and audio-visual recordings for specified artwork for standard non-profit Bruce Museum uses now known or hereafter invented. Such uses shall include, but not be limited to, exhibition, related publicity, educational activities, archives, research, and publication in exhibition brochures and other non-profit, educational publications created by or on the behalf of the Bruce Museum and related to the exhibition. For these purposes, publications shall mean print, digital, electronic, and all other forms of media including the World Wide Web.

Signature _____

Date _____

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