Donate Life New York State (NYS) Art Contest Permission Form

Granting a Teacher permission to submit a student's art on behalf of a Parent

If you are a teacher who would like to submit a student's artwork to the Donate Life NYS Donate Life Month Art Contest, please have the child's parent/guardian complete the form below. (In the form, "Applicant" refers to the student who produced the artwork.) You will then need to submit this form, along with the student's art, when completing the art contest entry.

Child's Full Name: _____

Grade Level: _____

Age: _____

School: _____

Mailing Address: _____

_____

Phone number: _____

Email: _____

I certify that the submission, including text and illustrations, and any ancillary material were made by the Applicant indicated, and were not copied from another work, photograph, illustration or website, nor made by another. I represent that this submission does not infringe any third party intellectual property rights, nor does it contain any material that is defamatory, vulgar, or otherwise inappropriate. I understand that the submission, including text and illustrations, and any ancillary material will become the property of Donate Life NYS. I give permission to Donate Life NYS to use, reproduce, prepare derivative works, publish, distribute copies to the public, perform publicly, and display publicly the submission, including text and illustrations, and any ancillary material, including but not limited to, Applicant's name, school, grade/level of study, and any photographs and/or videos containing the Applicant's image and/or voice, for all purposes deemed appropriate by Donate Life NYS. Donate Life NYS may distribute the submission, including text and illustrations, and any ancillary material through a variety of media, including but not limited to print, television, websites, or any other means. Donate Life NYS may also permit a third party to exercise Donate Life NYS' rights, including but not limited to the right to display or distribute the submission, including text and illustrations, and any ancillary material, in a manner Donate Life NYS deems appropriate.

I understand that my submission may be eligible for appearance during Donate Life Month (April 2027) at the Legislative Office Building in Albany, NY, and other locations if selected, but that no further compensation of any kind will be paid by Donate Life NYS or any of its authorized third parties to use, reproduce, prepare derivative works, publish, distribute, perform publicly and/or display publicly the submission, any ancillary material, or student information, image or voice as provided for in this agreement. I hereby unconditionally release Donate Life NYS, its employees, Donate Life NYS' contractors and their employees, and Donate Life NYS representatives from any and all claims and demands arising out of the activities authorized under this agreement.

I certify I am at least 18 years of age and have read the foregoing Official Rules and fully understand and agree to the contents.

I hereby certify that_____ (teacher) has my permission to submit

art work to the Donate Life NYS Art Contest for_____ (student).

_____ (Parent's Name, Please Print)

X_____ (Parent's Signature)