



*Asian Pacific Counseling & Treatment Centers*

## Artist Consent Form

I, \_\_\_\_\_, consent Asian Pacific Counseling and Treatment Centers (APCTC) to utilize my art submission and artist statement in promoting mental health awareness via multiple online platforms and in print form. I understand that my art submission and artist statement will be publicized on the APCTC Facebook page, YouTube channel, and APCTC website. I understand that my art submission and artist statement will/may be used for printing in a calendar or post card for fundraising purpose. I understand that 100% of proceeds generated from fundraising will go directly into APCTC's Patient Activity funds. I waive my right to compensation for the use of my art submission and artist statement.

I understand my art submission and artist statement might result in public reposting. I will not hold APCTC responsible for comments or situations that arise from publicly posting my art submission and artist statement.

\_\_\_\_\_

Print Name (By printing your name you acknowledge that this is your signature)

\_\_\_\_\_

Preferred Name for Posting Artwork

\_\_\_\_\_

Parent/Guardian Signature (if under 18)      Date

\_\_\_\_\_