Congressional Art Competition Student Information/ Release Form

MEMBER: TIM BISHOP STATE	: NY
Note: This information is used for progra	am certificates. Please make sure the form is complete and correct.
ART STUDENT NAME:	GRADE:
NAME OF PARENT OR GUARDIAN:	
HOME ADDRESS:	
CITY:	STATE: ZIP:
PHONE: (HOME)	(WORK)
SCHOOL:	
ART TEACHER:	
SCHOOL ADDRESS:	
ART TEACHER PHONE:	
TITLE OF ENTRY:	
MEDIUM :	(Be Specific) FRAME DIMENSIONS:
Student email:	T-Shirt Size
	Originality Certification nowledge, the art entry described above is an original work or and that it is not copied from, nor does it include, any other
Teacher Signature and Date	Student Signature and Date
undersigned student to which the student is entitled Member of Congress designated above in <i>An Artist</i> Representatives) and intending to be legally bound display the art entry, if it is selected for display, in latest date on this form. The undersigned acknowle the Capitol will be made by a House panel chaired their employees and agents, and the United States t undersigned further grant the Member, the House, the damage, loss, or misappropriation of the art entry dindemnify, hold harmless and defend the Member, claims of any nature whatsoever, including, but not of or in any way related to the submission of the art	
Parent/Guardian Signature and Date	Student Signature and Date