Congressional Art Competition Student Information/ Release Form

| MEMBER: Hon. Jane Harman | STATE: <u>CA-36</u> |
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| Note: This information is used for program | m 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 |
| I hereby certify that, to the best of my known | Originality Certification owledge, the art entry described above is an original work or d 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 or Member of Congress designated above in <i>An Artistic</i> Representatives) and intending to be legally bound he display the art entry, if it is selected for display, in ac latest date on this form. The undersigned acknowledg the Capitol will be made by a House panel chaired by their employees and agents, and the United States the undersigned further grant the Member, the House, the damage, loss, or misappropriation of the art entry durindemnify, hold harmless and defend the Member, the claims of any nature whatsoever, including, but not li of or in any way related to the submission of the art entry during the submission during the submission of the art entry during the submission during | |
| Parent/Guardian Signature and Date | Student Signature and Date |