

**AENJ Student Artwork Back Label  
For  
NJPAC Exhibitions**

Dear Parents/Legal Guardians,

This form serves as consent for your child's artwork to be submitted for consideration in an art exhibitions sponsored by the Art Educators of New Jersey (AENJ), the professional organization for Art Educators, on view at the following location:

- NJPAC, 1 Center Street, Newark, NJ

The AENJ is committed to protecting the privacy and safety of all students.

**Parent/Guardian:** Please complete the following and return to your child's Art teacher.

<input type="checkbox"/> <b>YES</b>	Give permission for my child's artwork to be exhibited at the NJPAC Victoria Theater Gallery and shown in related Art Educators of New Jersey printed and digital publications.
<input type="checkbox"/> <b>NO</b>	I understand that my child's artwork, first name, grade, school, and teacher will be listed if exhibited/ published.  I understand that the Art Educators of New Jersey are not responsible or liable for any claims, damages, lost items/artwork, and other liabilities of any kind that may arise from voluntary participation in this art exhibit.  I understand that the Art Educators of New Jersey reserves the right to refuse to include any work improperly prepared to hang, work of incorrect size, or work received after the due date.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Email Address (Print Clearly) \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Teacher: Please print the following information below.**

Teacher's Full Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

School District \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ Teacher Cell Phone \_\_\_\_\_