

ARTWORK RELEASE FORM

Thank you for submitting your artwork to the Institute on Disability (IOD). Please review the following terms of agreement carefully, complete the included release form, and email it to the IOD at contact.iod@unh.edu.

TERMS OF AGREEMENT

- All artwork and rights relating to them, including copyright and ownership rights, remain the sole and exclusive property of the Artist.
- The IOD will not accept materials copyrighted by third parties.
- The Artist has secured permissions of any subjects to share their likeness publicly.
- The IOD does not guarantee that material received will be published.
- The IOD reserves the right to edit submissions and create derivative works without artist's consent.
- The IOD will be held harmless in all matters pertaining to the materials accepted and published.
- The IOD will be exempt from any costs related to materials submission, unless agreed to in writing prior to the date of receipt.
- Acceptance of materials by the IOD does not constitute endorsement of any product, agency, professional, or practice.
- In order to be used in IOD collateral, a high quality digital file of the piece will be required. Artists can submit their own high quality press ready digital file or send the original piece to be photographed by the IOD by a professional photographer.
- The IOD is not responsible for any damages resulting from shipping and handling of artwork.

The Institute on Disability (IOD) at the University of New Hampshire was established in 1987 to provide a university-based focus for the improvement of knowledge, policies, and practices related to the lives of persons with disabilities and their families. Its mission is to promote full access, equal opportunities, and participation for all persons by strengthening communities and advancing policy and systems change, promising practices, education, and research. For more information, please visit our website at www.iod.unh.edu.

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I understand and agree to the terms of agreement as listed above, and am submitting the following materials to the IOD:

Project Name: 2017 Institute on Disability Calendar
(If applicable)

Artist's Name: _____
(If parent or guardian, please print the name of person you are signing for)

Name of Artwork: _____

Brief Description: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

ARTWORK RELEASE: I grant permission to the Institute on Disability (IOD) to use the enclosed work(s) of art for use in any IOD publications or in any other publicity related to the IOD or to its purposes or activities.

Signature: _____ Date: _____

Parent or Guardian: _____
(Please print your name if you are signing as a parent or guardian)