



1155 Northwest 13th Street ~ Gainesville, Florida 32601 ~ 352-870-3488

RELEASE FORM

This release form must be completed before any artwork is accepted and will be used continuously as additional artwork is submitted until the Anime Art Museum is notified otherwise. Read the following information carefully and in detail. Should you have any questions regarding clarification, do not hesitate to inquiry with our staff. Also note that if the artist is under the age of 18, the artist's final signature at the bottom of this document must be accompanied by a parent or legal guardian's signature. Further, we retain the right to refuse submissions that neglect to include said signatures.

I, _____ on this date _____

(Legal first name and last name as it appears on driver's license, passport, state or student ID- submit photocopy of Identification) hereby give permission to the Anime Art Museum (hereafter AAM) and their legal representatives, located at 1155 NW 13th Street, Gainesville, Florida 32601 and website: <http://www.animeartmuseum.org> the exclusive right to my artworks.

I hereby release and hold harmless, the AAM, their officers, employees, agents and designees from any and all responsibility or liability resulting from any form of damage or theft of the artwork(s) submitted and accepted by the AAM.

I agree that my artwork will be displayed on a time that will be determined by the AAM, and hereby give the AAM my permission to use the artwork as part of any exhibit during the time period decided upon. I understand that to accommodate any exhibits that my art may be stored for the duration of said exhibit and will be promptly returned to display thereafter.

I understand that the website and address of the AAM may change as they grow in the future and I give the AAM my permission to relocate my artwork(s) to any new location and that this document remains intact if a location change should occur. I understand that I will be contacted if such a change was to take place and at any time in this process I am able to contact the AAM and ask that my artwork(s) be returned to me by certified mail.

I understand that the final decision and placement of which artwork selected is at the discretion of the AAM and may take at least a month to be reviewed and displayed. I understand the AAM has full authority as to which information and artwork they choose to place on their website and showcase in their museum. The AAM is not required nor obligated to use any information or artwork I submit.

I understand that my information and my artwork along with this release form will be maintained at the AAM. I understand I may change or withdraw this release/consent at any time by contacting the AAM in writing (certified mail or return receipt requested) to the address above.

This release, information and artwork will be valid until cancelled and upon notification by either the AAM or myself (certified mail or return receipt requested). I understand that all my artwork released to the AAM will be returned to me within fourteen (14) days of the date the agreement ends or available for pick-up.

I understand that if my artwork is mailed back to the AAM due to some discrepancy in address (address change, forwarding address error, and any other reason that would cause the artwork to be returned to the AAM) that the AAM will contact me immediately and hold the artwork for one (1) month.

I understand that in the case that I, the artist, am unable to be contacted when all means of contact have been exhausted, the artwork(s) has been returned to the AAM, and the one month holding period has expired, I hereby release the artwork(s) to the AAM as a permanent addition to their collection, where they will have full ownership rights to the artwork(s), which includes but is not limited to distribution, prints, sales, and appraisal of the artwork(s).

By signing this document, I verify that I have read, understand, and agree to the terms stated above and the following information is correct.

Artist Name (Printed) _____ Age _____ Artist Signature _____

Address _____ Email _____

City _____ State/Country _____ Zip code _____

Telephone _____ Website _____

Parent or Legal Guardian Signature (if applicable) _____ Date _____