

# 2016 Congressional Art Competition

## Student Information & Release Form

PLEASE PRINT CLEARLY. THIS INFORMATION IS USED FOR CERTIFICATES AND AWARDING SCHOLARSHIPS.  
INCOMPLETE FORMS WILL NOT BE ACCEPTED.

<b>MEMBER/DISTRICT INFORMATION</b>	
MEMBER OF CONGRESS NAME: Mick Mulvaney	STATE & DISTRICT: SC 5th District

<b>STUDENT INFORMATION</b>		
NAME:	GRADE:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT):		
STUDENT EMAIL:	STUDENT PHONE (CELL):	
T-SHIRT SIZE (Awarded to First Place Winner):		
PARENT OR GUARDIAN NAME(S):		
PARENT PHONE (HOME):	PARENT PHONE (WORK or CELL):	

<b>SCHOOL</b>		
SCHOOL NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
ART TEACHER NAME:		
ART TEACHER PHONE:	ART TEACHER EMAIL:	

<b>ART COMPETITION ENTRY</b>
TITLE OF ENTRY:
MEDIUM:
DESCRIPTION:
Please include a detailed description of the artwork, clearly identifying the major elements of the piece.
FOR OFFICE USE ONLY:
FRAMED DIMENSIONS: Height: _____ inches Width: _____ inches Depth: _____ inches
See official guidelines for framed size and artwork weight restrictions.

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<b>(CONTINUED FROM PAGE 1)</b>	
STUDENT NAME:	STATE & DISTRICT:
TITLE OF ENTRY:	

<b>ORIGINALITY CERTIFICATION</b>	
I hereby certify that, to the best of my knowledge, the art entry described above is an original work of authorship by the undersigned student and that it is not copied from, nor does it include, any other person's copyrighted work.	
<hr style="border: none; border-top: 1px solid black;"/> STUDENT SIGNATURE	<hr style="border: none; border-top: 1px solid black;"/> ART TEACHER SIGNATURE

<b>ARTWORK RELEASE</b>	
<p>We, the undersigned, represent that the art entry described above is an original work of authorship personally created by the undersigned student to which the student is entitled copyright protection. In consideration for the acceptance of the art entry by the Member of Congress designated above in <i>An Artistic Discovery</i> (the Congressional Art Competition sponsored by the U.S. House of Representatives) and intending to be legally bound hereby, the undersigned grant the Member and the House the right to publicly display the art entry, if it is selected for display, in accordance with the rules of the Art Competition, for a period of two years from the latest date on this form. The undersigned acknowledge that the final decision regarding the suitability of an art entry to be displayed in the Capitol will be made by a House panel chaired by the Architect of the Capitol. The undersigned also grant the Member, the House, their employees and agents, the United States, and the Congressional Institute, Inc., and its employees, the right to reproduce the art entry for any non-commercial purpose. The undersigned further release the Member, the House, their employees and agents, the United States, and the Congressional Institute, Inc., and its employees, from any and all liability for damage, loss, or misappropriation of the art entry during and subsequent to the Art Competition. The undersigned further agrees to indemnify, hold harmless and defend the Member, the House, their employees and agents, the United States, and the Congressional Institute, Inc., and its employees, against any and all claims of any nature whatsoever, including, but not limited to, claims of copyright infringement, by any party whatsoever, arising out of or in any way related to the submission of the art entry in the Art Competition.</p>	
<hr style="border: none; border-top: 1px solid black;"/> STUDENT SIGNATURE	<hr style="border: none; border-top: 1px solid black;"/> PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

<b>MEMBER APPROVAL (FOR OVERALL WINNER ONLY)</b>	
I have viewed the above-signed student's artwork and approve of its content. I understand that by signing this form I am supporting this artwork and am responsible for its content.	
<hr style="border: none; border-top: 1px solid black;"/> MEMBER SIGNATURE	<hr style="border: none; border-top: 1px solid black;"/> PRINT DISTRICT OFFICE CONTACT NAME  <hr style="border: none; border-top: 1px solid black;"/> PRINT DC OFFICE CONTACT NAME