Plea	ase complete this	form and mail with artwork submission to:	
Town of I	Mitchell 'Art C	Contest,' P.O. Box 32, Mitchell, GA 30820	
Name:		Date of Submission:	
Title of Artwork: _			
Street Address.		City:	
		Phone:	
		Email Address:	
that this includes display the artwor party. I authorize description, and c Mitchell from any use of the original invasion of privac	the right to use, k, and also inclu- the Town of Mit ity to identify th and all claims a artwork, incluo y. I have read an	and interest to the artwork I submitted. I acknowledge re-use, publish, re-publish, and otherwise use and udes the rights to transfer these rights to a third tchell to include the artist name, title of artwork, ne work. I hereby release and discharge the Town of and demands arising out of, or in connection with the ding without limitations any and all claims for libel or nd fully understand the foregoing and fully consent to pon me and my heirs, legal representatives, and	
Signature:		Date:	
Parent/Guardian	(if entrant is un	der the age of 18):	
I above-named min on said minor. Da		, being the parent or guardian of the nt to and join in all the foregoing release and consent	
	uary, 2018. Que	tmarked by DECEMBER 31, 2017. Winners will be estions? Contact Mitchell City Hall at (706) 598-2004 th.net.	

Artwork will not be returned. Please take photos of your artwork before submitting.