



DuPage
County

**PERMISSION TO USE
ARTWORK, PHOTOGRAPHS, POETRY
AND PUBLICATION OF POETRY**

I, the undersigned, hereby grant NAMI DuPage permission to exhibit my artwork, and take photographs (slides, film or video) of it or to publish my poetry. I understand that all negatives and positives, together with prints, shall constitute NAMI DuPage property, solely and completely and that I am waiving any property rights I may have regarding photographs of my artwork. I irrevocably consent to and authorize the use and reproduction by NAMI DuPage, or anyone authorized by NAMI DuPage, of any and all photographs (slides, film or video), which have this day been taken of my artwork. I understand that these photographs (slides, film or video) may not be used immediately but may be retained in NAMI DuPage files for use in the future as NAMI DuPage may deem suitable.

I understand that NAMI DuPage will make every reasonable effort to ensure that my artwork is protected from damage, theft or loss and it will be returned to me in its original form within a reasonable and agreed upon time frame; however, I understand that NAMI DuPage can in no way guarantee its return. I hereby release NAMI DuPage from any liability related to the use of my artwork or photographs thereof for exhibition purposes.

I understand that my artwork and poetry, which may be exhibited as described above, will identify me as a mental health services consumer and I hereby consent that such disclosure be made.

Date _____

Name (please print) _____

Address _____

City, State, Zip Code _____

Telephone Number _____

E-mail Address _____

Signature _____

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