



Visual Art Application and Media Waiver (see reverse)

Application Deadline January 17, 2025



Name: _____ Phone #: _____

Email: _____

Preferred Method of Communication: Call Text Email

Age: _____ Grade: _____ School: _____

Parent Name: _____ Parent Phone #: _____

Mailing Address: _____

City/State/Zip: _____

Title of Visual Art Piece: _____

Description: _____

- I understand my artwork needs to be in good condition and will only be accepted with this application.
- **Artwork must be prepped for display (i.e., framed or matted on cardstock or foam board).** If you have concerns or are unable to prep your own artwork, contact your Lifeways Counselor for assistance.
- I understand my artwork may be on display virtually and physically in association with the AMP exhibition and event hosted by Lifeways.
- **All submissions must be dropped off with a Lifeways Counselor at MY SCHOOL or at our main Lifeways Office (1010 9th Street) to be considered for the exhibition.**

AMP Youth Participant Signature

Date

REMEMBER TO COMPLETE BACK PAGE WITH YOUR PARENT/GUARDIAN

Office Use Only

Application Completed

Art Piece Submitted

Virtual Gallery

_____ Date _____ initials



"Youth Empowered to be Substance Free."

**Photograph, Internet, Television, Videotape
and/or Sounds Recording Authorization and Release**

I authorize Lifeways, Inc. to utilize photographs, audio or videos that I and my parent/guardian have been included in as part of my participation in Lifeways AMP prevention events for any and all purposes related to the promotion of the Lifeways mission, "Through Prevention, Intervention, and Connection, Lifeways partners with schools and communities to inspire and equip youth to be healthy and substance free." I understand and agree that any video footage, photographs, or recordings that I have provided to Lifeways will be returned to me if requested.

I hereby irrevocably authorize Lifeways to copy, exhibit, publish, and/or distribute such materials, now or at any time in the future, for the purposes of Lifeways programs, advertising, or any other lawful purpose. In addition, I hereby waive all right to inspect or approve the use of the materials, now or in the future.

Date _____

Print Full Name of AMP Youth Participant

Signature of AMP Youth Participant

**I DO NOT CONSENT TO THE ABOVE AUTHORIZATION AND RELEASE
AMP YOUTH PARTICIPANT PLEASE INTIAL HERE**

For Minors (under the age of 18)

I, the undersigned, being the parent and/or guardian of the named minor below, do hereby consent to the above authorization and release. I hereby warrant that I have read the above authorization and release, prior to its execution, and that I fully understand the contents, meaning, and impact of this authorization and release.

Date _____

Print Full Name of AMP Youth Participant

Print Full Name of Parent/Guardian

Signature of Parent/Guardian

Street Address, City, State, and Zip (if different than what is noted on AMP application)

**I DO NOT CONSENT TO THE ABOVE AUTHORIZATION AND RELEASE
PARENT/GUARDIAN PLEASE INTIAL HERE.**

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Phone 605.716.6555 • Fax 605.716.6557 • office@lifeways.us



Lifeways is a United Way partner agency