

ARTWORK OWNERSHIP CONSENT FORM

I (artist's printed name), PAIGE ARNOLD, do hereby grant permission to the City of Broken Arrow to possess and use selected artwork created by myself for use on public signage, promotional activity, and other related purposes. These materials could include printed and/or any electronic publication or communication. I further agree that my chosen name may be printed with the selected artwork as recognition of the selected artwork's creative ownership. I hereby authorize the City of Broken Arrow permission to use my selected artwork and understand that no financial compensation will be awarded to me in association with its use by the City of Broken Arrow.

Artist's Signature: Paige Arnold
Artist's Address: 704 MAGNOLIA CT
Artist's Telephone: (918) 633-9343
Artist's Email Address: paige.arnold10@gmail.com
Date: 2-5-19

I hereby certify that I am the Parent or Legal Guardian of (artist's printed name) JAKE ARNOLD, a minor under 18 years of age, and hereby consent on behalf of aforementioned minor and grant permission to the City of Broken Arrow to possess and use selected artwork created by said minor for use on public signage, promotional activity, and other related purposes. These materials could include printed and/or any electronic publication or communication. I further agree that the (minor) artist's name may be printed with the selected artwork as recognition of the selected artwork's creative ownership. I hereby authorize the City of Broken Arrow permission to use the (minor) artist's selected artwork and understand that no financial compensation will be awarded to me or the (minor) artist in association with its use by the City of Broken Arrow.

Printed Name of Parent or Legal Guardian: JAKE ARNOLD
Signature of Parent/Legal Guardian: Jake Arnold
Address of Parent/Legal Guardian: 704 MAGNOLIA CT.
Telephone of Parent/Legal Guardian: 918-633-9343
Email Address of Parent/Legal Guardian: jakearnold1@cox.net
Date: 2-4-19