



AWAKENING THE SPIRIT ART SHOW 2023

3rd August – 22nd August 2023
at the Vernon Community Arts Centre
2704A Hwy 6, Vernon BC V1T 5G5

Artist Registration Form

Name _____

Date Submitted _____

Phone Number _____

Email Address _____

*Please note: Art is displayed at the Vernon Community Arts Centre which is a public venue. Art is displayed at this venue at your own risk.

ART SUBMISSIONS:

We can only accept a maximum of 2 pieces per artist. (See Guidelines Attached)

1st piece:

- Title of piece _____
- Medium (oil, watercolor, etc.) _____
- Price (If for sale. If not for sale indicated by "NFS") _____
- Year the piece was created _____

2nd piece:

- Title of piece _____
- Medium (oil, watercolor, etc.) _____
- Price (If for sale. If not for sale indicated by "NFS") _____
- Year the piece was created _____

If you have other works for sale, provide a contact number below that we will display to the public.

Contact Number _____



Media Opportunities:

a) Would you like to be interviewed and/or photographed or filmed by the media to promote the art show? A member of the arts committee will be present.
Yes _____ No _____

b) Are you interested in speaking publicly to guests at the Opening Gala night for the art show? Yes _____ No _____

Artist Statement:

Please provide us with a one paragraph artist statement. Please keep statements brief due to space limitations. Here is a sample statement:

“I was born in 1959 and grew up in the prairies. I took art in high school, but have had no formal training since. My favorite medium is watercolour. I work in an impressionist plein air tradition. My love of nature is reflected in the natural landscapes that I create. I have recently expanded my artistic repertoire to include a more intense exploration of shape, colour and composition on large-format canvas. My art became an important part of my healing process when I began to have struggles with depression and chronic pain a few years ago. My paintings are an expression of my soul that I share with the world.”

Your Artist Statement:

Submit this form along with your work to:
Canadian Mental Health Association — 3100 28 Ave, Vernon BC | (250) 542-3114



TO CONSENT

I, the undersigned, **HEREBY CONSENT** for my artwork to be displayed at Vernon Community Arts Centre by Canadian Mental Health Association and **I AUTHORIZE** Canadian Mental Health Association, Vernon & District Branch, its employees, agents, or authorized representatives to use, reproduce, publish, transmit, distribute and display the said photograph(s) in any Canadian Mental Health Association publication, multimedia production, film, video, CD-ROM, DVD, display, advertisement, web site or other material for promotional purposes.

Date: _____

Print Name

Signature

WITNESS

Print Name

Signature

TO DECLINE

I, the undersigned wish to **DECLINE** giving consent to my art being hung at Vernon Community Arts Centre by Canadian Mental Health Association and **I DO NOT AUTHORIZE** the Canadian Mental Health Association, it employees, agents or authorized representatives to use, reproduce, publish, transmit, distribute and display the said photograph(s) in any Canadian Mental Health Association publication, multimedia production, film, video, CD-ROM, DVD, display, advertisement, website or other material for promotional purposes.

I understand that I am responsible to verbally decline being in any CMHA photographs if such an opportunity arises. I further understand that participation in any CMHA public events may require consent to be photographed and in such instances, the event waiver will supersede this waiver for the purpose of that particular event.

Date: _____

Print Name

Signature

WITNESS

Print Name

Signature



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I, the undersigned, **HEREBY CONSENT** for my artwork to be photographed and **I AUTHORIZE** Canadian Mental Health Association, Vernon & District Branch, its employees, agents, or authorized representatives to use, reproduce, publish, transmit, distribute and display the said photograph(s) in any Canadian Mental Health Association publication, multimedia production, film, video, CD-ROM, DVD, display, advertisement, web site or other material for promotional purposes.

Yes, I would like my artwork to be included in the CMHA Virtual Art Show

Date: _____

Print Name

Signature

WITNESS

Print Name

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