



Contract for Use of Client Artwork

I, _____, agree Genesis Counseling Center to use and/or display and/or photograph/record my (my child's) artwork for the following purpose(s):

Check all that apply:

- Educational purposes
- Filming of an Art Therapy Session
- Genesis Counseling Center Website and/or Promotional Materials
- Exhibition
- Publication in a professional journal
- Presentation at professional conferences

Regarding Anonymity: please check one box below

- I do wish to remain anonymous.
- I do not wish to remain anonymous.

I understand that if I have agreed to the use of artwork for educational purposes, presentation, professional publication or if I have agreed to the filming of an art therapy session there are times when the Art Therapist work with you, in art therapy, will be discussed in consultation with other mental health professionals or Graduate Students in Art Therapy. Genesis Counseling Center agree that all artwork or reproductions will be presented in a respectful and professional manner at all times. All efforts will be made to keep your identity anonymous and confidential.

Client's Name: _____ Age: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

Phone: _(____)_____

Client's Signature (if 14 years or older)

Signature of Parent or Legal Guardian

Date: ____/____/____