RELEASE FORM TEMPLATE
(For your use, not to be submitted to AATA)

Name of Facility, Address, Telephone

Release Form

I, _______________________________________, give permission to name of art therapist to be the subject of a story for the American Art Therapy Association’s Call for Stories, “Voices of Art Therapy.”

By signing, I consent to be the subject of a story and understand the following:

- Although the story and any artwork may only be featured and promoted for a limited time, digital media and website pages may remain accessible and visible to the public for a much longer period of time.
- Stories and digital images are vulnerable to being downloaded, saved and shared by viewers.
- Participation in this project is voluntary and does not affect my eligibility to receive art therapy services.
- No reference will be made to my identity; confidentiality will be maintained.

Furthermore, I understand that my art therapist and the AATA will not be held responsible for:

- Interruptions or limited access to content due to issues of internet access/usage/connectivity or other issues beyond our control.
- Use of the artwork by individuals outside of AATA who access the stories and artwork online.

_________________________________________  ________________________________  _____________
Client/Artist’s Signature                  Parent / Guardian Signature (if applicable)                  Date

_________________________________________  _____________
Art Therapist’s Signature                  Date