



## 2017 International Torrance Legacy Visual Arts Awards

### Parental Consent Form

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My signature below indicates that I grant permission for my child to participate in the 2017 Torrance Legacy Visual Arts Awards, that I have read these Terms and Conditions, and I and my child agree to abide by them. My signature below also indicates that I grant CO-SPONSORS the right to use my/my child's submission, royalty free (without compensation), for posting and publication. I certify that the submission submitted is an original creation and is not subject to any copyright restrictions or violations.

Artist's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Artist's Signature: \_\_\_\_\_  
(If 18 years old or above) (Date)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(Date)

**Please send your complete submission, application, and consent forms to the following address:**

Torrance Legacy Visual Arts Awards  
C/O The Center for Gifted  
1926 Waukegan Rd. Suite 2  
Glenview, IL 60025

**or email your complete submission, Application, and Parental Consent forms to:**

[torrancevisualarts@centerforgifted.org](mailto:torrancevisualarts@centerforgifted.org)

**Subject:** Torrance Legacy Visual Arts Awards

**Submissions must be postmarked no later than August 20, 2017.**