

The Survivor Mural Project
Release Form

Name: _____ Signature: _____

Date: _____ Country (optional): _____

I give The Survivor Mural Project the right to reproduce my submission in The Survivor Mural Project publications, on the Survivor Mural Project web site and in advertising for the exhibition.

Please ensure that your name is written on the back of your piece, and verify the following:

- I wish to have my **full name** and country published next to my art work in the online gallery.
- I wish to have my **first name only** and country published next to my art work in the online gallery.
- I wish for my submission to remain **anonymous** in the online gallery.

*** This release form must be submitted with your mural piece. It can be emailed to
Kristy@survivormuralproject.com, or sent to PO Box 829, Stratford CT, USA, 06615***

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