

## ARTWORK SUBMISSION FORM

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I understand that PBS may use my Artwork and recordings of me in a variety of projects and programs that PBS may distribute and sell worldwide in a variety of ways, including through television and radio (broadcast, cable, satellite), cassettes and DVDs, on the Internet, and any other media. I understand that PBS will not pay me for the use of my Artwork or, where legal, for the use of my name, photograph or likeness for advertising and promotional purposes. I understand that my Artwork will not be returned to me.

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Name (Please print) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned, the parent/legal guardian of \_\_\_\_\_, acting in that capacity, submits this Artwork on behalf of the submitter, a minor, and makes the representations set out above on behalf of the minor and his/herself.

Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_  
(If different than address of submitter)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Office telephone \_\_\_\_\_

Failure to sign this Submission Form will result in your submission not being considered.