Akron Children's

HEART TO ART

Share your inspiration for a commemorative mural!

The Heart Center at Akron Children's is celebrating 25 years of cardiac surgery. Your submission may be used as part of a commemorative mural to be displayed in the Heart Center as a welcoming and collective work of art.

Name: _____ Preferred contact: _____

Send your artwork to contact@artxlove.com to be considered for part of the commemorative mural in The Heart Center at Akron Children's.

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INSTRUCTIONS

1

Fill in the blank side of this activity sheet with a drawing, inspirational words, or anything that comes to mind for a welcoming work of art for Akron Children's Heart Center.

2

Take a picture of your submission, fill out the Artwork License, Release and Waiver form, and email them to **contact@artxlove.com** or turn it in to on-site staff.

Anyone can participate. You can also submit an image of your own artwork, photography, or writing. You don't have to use this activity sheet.

3

Your submission may be used as part of a commemorative mural to be displayed in the Heart Center as a welcoming and collective work of art.

THANK YOU!

Call Art x Love at 330.238.8588 or email contact@artxlove.com with any questions.

AKRON CHILDREN'S HOSPITAL
ARTWORK LICENSE, RELEASE AND WAIVER

Artist Name: _____

Age, if Artist is a minor: _____

Title/Description of Artwork (if applicable): _____

_____

Date Artwork Created (if known): _____

Consent and Grant of Rights

I am the artist identified above or I am the parent or legal guardian of the artist identified above with authority to execute this document on the artist's behalf.

The artist has voluntarily created artwork that may be submitted to **Akron Children's Hospital** ("Hospital") for display, publication, reproduction, and other Hospital-related purposes.

For good and valuable consideration, the receipt and sufficiency of which are acknowledged, I, on my own behalf and/or on behalf of the artist, hereby:

1. Grant to Akron Children's Hospital and its affiliates, successors, assigns, agents, and representatives a perpetual, worldwide, non-exclusive, royalty-free right and license to:
    - Display the artwork in Hospital facilities;
    - Photograph, scan, digitize, reproduce, copy, publish, distribute, and exhibit the artwork;
    - Use images of the artwork in print, electronic, digital, online, social media, educational, fundraising, marketing, public relations, and promotional materials;
    - Modify the size, format, or medium of the artwork as necessary for display or reproduction, provided the artwork's overall artistic content is not materially altered.
2. Acknowledge that the Hospital is under no obligation to use or display the artwork and may discontinue use or display at any time.
3. Understand that the artist will receive no compensation now or in the future for the Hospital's use of the artwork.
4. Authorize, but not require, the Hospital to identify the artist in connection with the artwork using the artist's name listed above.
5. Represent that, to the best of my knowledge, the artwork is the artist's original creation and does not knowingly infringe the rights of any third party.

Continue on back

Release and Waiver

On behalf of myself and the artist, if I am not the artist, I release, discharge, and hold harmless Akron Children's Hospital, its affiliates, trustees, officers, employees, volunteers, agents, representatives, and assigns from any and all claims, demands, causes of action, liabilities, costs, or damages arising out of or relating to the authorized use, display, reproduction, publication, or distribution of the artwork as described in this Release.

I further waive any right to inspect or approve the finished materials in which the artwork may appear.

Artist or Parent/Guardian Acknowledgment

I certify that I am the artist or the parent or legal guardian of the child identified above and have the legal authority to execute this Release on the artist's behalf. I have read this Release, understand its contents, and voluntarily agree to its terms.

Name: _____

Signature: _____

Date: _____

Phone Number: _____

Email: _____

If Parent/Guardian:

Relationship to Artist: _____

Akron Children's Hospital Representative

Representative Name: _____

Signature: _____

Date: _____