

**RASMUSON FOUNDATION
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Artist Name: _____

Title of Artwork: _____

Description of Artwork: _____

Museum/Cultural Center: _____

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ARTIST ACKNOWLEDGEMENT AND AGREEMENT:

Signature

Date

Printed name of Artist

Address

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW:

I hereby warrant that I am the parent or legal guardian of the above-named person and that I have read or have had read to me the foregoing information and agree to be bound by the terms thereof.

Signature

Printed Name of **Parent/Guardian**

Date