

# Lyng Flowers Greeting Card Project

## Art Submission Form

*Anyone connected with Lyngblomsten in some way is invited to submit artwork that may be featured on the general Lyngblomsten greeting card. In early October, a panel of Lyngblomsten representatives will review all submissions and select which piece will be used for the card. Original piece(s) will be returned after selection.*

***One piece of art per submission form.***

Name: \_\_\_\_\_ Age (optional): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

My connection to Lyngblomsten is:

- Resident at the Lyngblomsten Care Center
- Tenant at the Lyngblomsten Apartments
- Tenant at The Heritage at Lyngblomsten
- Family member of a resident or tenant
- Community member who participates in 2nd Half with Lyngblomsten programs
- Volunteer
- Supporter (donor, sponsor)
- Employee
- Vendor
- Other: \_\_\_\_\_

*Please tell us more about your artwork:*

Title: \_\_\_\_\_

Medium (e.g., watercolor, colored pencil): \_\_\_\_\_

***Submission form continued on back***

## Submission form continued

Please read the following agreement:

I \_(Name)\_\_\_\_\_ assent that the piece I am submitting is my own original art, and I hereby give my consent for Lyngblomsten to use my artwork (titled \_\_\_\_\_).

I understand that, beyond the greeting card project, the artwork may be used for promotional and educational purposes by Lyngblomsten and/or its partners or its approved news media outlets, which may include (but is not limited to): print and digital publications/newsletters, brochures/collateral (including greeting cards and stationery), web sites, advertisements, social media, videos, press releases, and displays at various locations.

### I understand:

- This consent is given in perpetuity.
- I may rescind this consent at any time for future use of my artwork (does not apply to uses prior to revocation).
- I waive the right to inspect or approve the finished product wherein my artwork appears.
- I have a right to receive a copy of this consent.

**I have read this consent before signing below, and I fully understand its contents and meaning.**

Signature: \_\_\_\_\_

If signed by someone other than subject, indicate relationship: \_\_\_\_\_

Print full name: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Submitting a piece of art does not guarantee it will be featured on a card.

**Submissions will be accepted July 1–September 30, 2018. Submit this form and your artwork to the Care Center reception desk, which is staffed seven days a week from 8 AM to 10 PM.**

**Questions?** Contact Andrea Lewandoski at (651) 632-5318  
or [alewandoski@lyngblomsten.org](mailto:alewandoski@lyngblomsten.org).

