Artful Aging Annie Holscher, ATR-BC, LCPAT, CDP 6203 Executive Blvd, Rockville, MD 20852 301.859.0440



RELEASE OF ARTWORK

☐ I Give my consent☐ I DO NOT give my consent	
to Annie Holscher to use any artwork (including, but sculptures, or writings) or copies/photographs of ar along with relevant case material, for the following you agree)	twork created by the client named below,
 Educational or research purposes (including, consultation, professional presentations) 	but not limited to training, supervision,
☐ Public display and/or written publication.	
 Promotional materials or informational brochures (including website) for Annie Holscher's art therapy services. 	
I understand that in all cases listed above, the client's name will be kept confidential unless otherwise agreed upon. Artwork or reproductions will be presented in a respectful and professional manner for with no identifying details. I understand that I may cancel this permission at any time in writing.	
Signature	Date
Print Name	Relationship to Client
Permission Given for:	
Client's Place of Residence:	