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.