



# 2026 Lucas DD Art Show

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## Artwork Submission Form

Artist's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of SSA: \_\_\_\_\_

Title of Artwork: \_\_\_\_\_

Brief Description of Artwork (type of art, colors used, etc):

\_\_\_\_\_

Statement from Artist (optional):

\_\_\_\_\_

How many art pieces are you submitting? \_\_\_\_\_

How should we label your artwork? (circle one)

**Full Name**    or    **First Name Only**    or    **No Name**

I hereby grant permission to the Lucas County Board of Developmental Disabilities (Lucas DD) to showcase the artwork referenced above in the art show at Franklin Park Mall (the Mall) from March 20-30, 2026. I understand this is a public place where photos and/or videos of my work may be taken. I will not hold Lucas DD or the Mall responsible for any potential damages to my artwork, and I acknowledge it is my responsibility to pick up my artwork when the show is over.

\_\_\_\_\_  
Signature of Artist or Artist's Parent/Guardian

\_\_\_\_\_  
Date