

2025 Shooting Stars Visual Arts Participant Form

This form is required to be considered for Watauga Education Foundation (WEF) Shooting Stars, highlighting Watauga County's talented K-12 Visual Artists.

Please complete this form and return it to the Art Teacher listed below by _____.

Art Teacher _____

Art Teacher Email _____

School _____

Title of Artwork _____

Student Artist's Name _____

Grade _____ Age _____

Homeroom Teacher Name _____

I certify that artwork submitted by the above named student artist for the 2025 Shooting Stars Visual Arts Showcase is the original artwork of the student. I give my permission for the Watauga Education Foundation to reproduce the artwork entry resulting from my student's participation in the 2025 Shooting Stars Visual Arts Showcase. I understand that the purpose of the event is to promote the Watauga Education Foundation and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me or my student at this time or in the future for the use of my entry.

I understand that the Watauga Education Foundation may record via photo, video and/or audio the artwork, events or activity which my student is participating as a result of this contest. I give my permission for the Watauga Education Foundation to use photographs, audio, and/or video of me for the purpose of promoting the Watauga Education Foundation and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me or my student at this time or in the future for the use of their likeness or audio contributions.

By signing this waiver, I also confirm that I am the parent or legal guardian of the aforementioned student artist.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Cell # _____

Parent/Legal Guardian Email _____