



## Patient Artwork Submission Form

### Artist Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Are you a current or former patient of Children's of Mississippi (circle one)?    Current    Former

### Artwork Details

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

Description/Inspiration: \_\_\_\_\_

\_\_\_\_\_

Please mail or deliver your artwork to the address below and include a printed copy of this completed form. Please ensure that your artwork is securely packaged to avoid any damage.

**Friends of Children's Hospital**  
**3900 Lakeland Drive, Suite 205**  
**Flowood, MS 39232**

### Terms and Conditions

- You must be a current or former patient of Children's of Mississippi to submit artwork.
- If you are under 18 years of age, you must have the permission of a parent or guardian to submit your artwork. By submitting, you confirm that you have obtained this consent.
- The artwork you submit must be your original creation. By submitting, you confirm that you hold the rights to the artwork and that it does not infringe on any copyright or intellectual property rights of others.
- By submitting your artwork, you grant Friends of Children's Hospital the right to use, reproduce, and display the artwork in any media, including but not limited to holiday cards, promotional materials, and on our website. This includes the right to modify the artwork as necessary for formatting purposes.
- You may choose to share your name, age, photo, and story along with your artwork. By providing this information, you consent to its use in connection with the display and promotion of your artwork.
- Submission of artwork is voluntary and without expectation of compensation. Friends of Children's Hospital will not provide payment for the use of submitted artwork.

**I agree to the Terms and Conditions of submitting my artwork to Friends of Children's Hospital.**

\_\_\_\_\_  
Artist Signature

\_\_\_\_\_  
Date

**Parent/Guardian (if Artist is under 18 years of age):**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date