



NOVAHOPE Inc.

ACE Gallery – A Creative Expression Gallery

We welcome you to share your cancer experience with us through your art. Whether the person with the cancer diagnosis was you, your friend, or a family member, being affected by the cancer journey often evokes various emotions that fuel the production of art.

We encourage anyone whose life has been impacted by cancer to submit their art.

Please be advised that in the ACE Gallery there are a variety of emotions expressed, ranging from hope to hopelessness, grief to guilt, curiosity to calmness.

The ACE Gallery is a place for you to share and express your interpretation of the cancer experience, a place to carry us to the depths of your journey and the transformational experience that cancer can often bring.

Here at NovaHope Inc. we believe expressing your creativity is part of the healing process. We welcome you to forward your art whether it be photos, poetry, stories, culinary, gardening, music, dance, etc.

We ask that you consider a few public friendly guidelines for the ACE Gallery.

- No profanity please
- No downloading anyone's submission without their permission
- Please first fill out the ACE Gallery Permission Form.

PATIENT CONSENT FORM FOR USE of creative expression (art form) submitted to NovaHope Inc. Health and Wellness Services for use in the ACE Gallery, @ NovaHope Web Site, www.novahope.ca .

I, _____, hereby give my permission to **NovaHope Inc. Health and Wellness Services Specializing in Personalized Cancer Care Support** to include the submission of my art form of creative expression, titled, _____ to be published to the ACE Gallery located on the **NovaHope Inc. web site www.novahope.ca .**

This permission extends to all editions and versions (including all language versions) of the Work to be published by **NovaHope Inc. Health and Wellness Services** and its licensees throughout the world, in all media of expression now known or later developed. I declare, in consequence of granting this permission, that I have no claim on ground of breach of confidence or on any ground in any legal system against **NovaHope Inc Health and Wellness Services** in respect of the publication of this submission.

This permission extends to **NovaHope Inc. Health and Wellness Services** to share my name attached to my art for public viewing.

It is understood that I, _____ agree that with the art submissions I wish to ,

- use my full name.
- initials only.

In cases where the patient is incapable of giving consent or has died, consent may be given by the next of kin. If the patient is under the age of 16, consent should be given by a parent or guardian.

NAME OF PATIENT
SIGNATURE OF PATIENT OR NEXT OF KIN

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IF NEXT OF KIN, STATE RELATIONSHIP TO PATIENT

. **DATE SUBMITTED**_____.

NovaHope Inc, Health and Wellness Services Specializing in Personalizing in cancer Care Support_____ **DATE RECEIVED**

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