Artoberfest Plein Air Artist Application & Contract 2010

Artist's Name: _____

Address:_____

Studio address (if different from above):_____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email: _____

Website:_____

In Case of Emergency Contact: _____

Emergency Contact Phone: _____

Please read the following Release and Consent clause and sign at the bottom of this form: (Signature is required to participate in Artoberfest)

Release:

I hereby indemnify and hold harmless and release Artoberfest and the City of Salinas, its agents and employees, for any and all liability for injury suffered by myself or my artwork arising from or connected with these programs, and I assume all risk for any injuries received. It is understood that Artoberfest and the City of Salinas provides no medical insurance for injuries and that the cost thereof will be at my expense.

Photo Policy:

I hereby authorize and give consent to Artoberfest its successors and assigns to copyright, publish and display all photographs and videos taken by Artoberfest in which I, or my artwork appears. It is further agreed that the Artoberfest may use, or cause to be used, my photographs or image for any and all exhibitions, public displays, publications, flyers, brochures, commercial art, and advertising purposes, without limitations or reservation or any compensations, unless otherwise specifically requested by me.

Artist's Signature: _____ **Date:** _____

Enclosed is my payment of

☐ $35 before July 15 ☐ $45 after July 15 ☐ $25 StudioTour Artists

☐ Check ☐ Credit Card #_____ CVV____ Billing zip code___

Cardholder Signature (required)_____