



The Community Walls Project

Artist Release Form

Thank you for your interest in the Community Walls Project, part of an Amherstburg Community Services (ACS) initiative. Please print clearly in English. Submit this completed form along with all other requirements. If the artist is less than 18 years of age, a parent or legal guardian must authorize their participation (bottom Page 2).

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND.

I agree that my participation in the Community Walls Project is voluntary and that I assume all risk of injury, illness, damage or loss to me or to my property that might result from my participation. I further agree (on behalf of myself and my family members, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Amherstburg Community Services and its officers, employees, and agents, from any and all claims, liability, loss, penalties, expenses and costs (including attorney's fees), or causes of action (known or unknown) (collectively, "Liability") arising out of my participation, except to the extent that such Liability is caused by the gross negligence or willful misconduct of Amherstburg Community Services.

Participation constitutes permission for The Community Walls Project/Amherstburg Community Services to use artist's name, likeness or art entries for publicity and promotional purposes without additional compensation.

A signed copy of this agreement signed by Amherstburg Community Services will be provided each of the 4 selected artists asked to contribute to the Community Walls Project. Upon receiving ACS signed agreement with the artist supply stipend and 1 mural pane, I each artist will have 30 days to complete their mural and submit back to Amherstburg Community Services. Artists failing to complete work agreed upon (within normal circumstances), or return materials **will be** expected to reimburse Amherstburg Community Services the cost of materials supplied to artist.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST Amherstburg Community Services FOR NEGLIGENCE.

Your signature indicates that you have read and agreed to abide by the rules and guidelines of the Community Walls Mural Project program.

Last Name

First Name

Date Submitted

Address (Street number and name, City, State, Zip Code)

Home Phone

Cell Phone

Email

Participant Signature

Date

Complete the following **only** if participant is less than 18 years old.

Age

Name

Parent/Legal Guardian Last Name

First Name

Home Phone

Cell Phone (not required)

Email

By signing, I agree to provide adult supervision at the designated location during all project painting hours.

Parent/Legal Guardian

Signature Date

Executive Director Amherstburg Community Services

Signature Date