

Midland Artists Guild

Annual Exhibition Waiver for the Year _____

Artist's Name: _____

Phone: _____ Email _____

By my signature I hereby waive any claim against the Midland Artists Guild or any place of exhibition listed below for loss or damage arising out of any cause whatsoever connected with the operations of the exhibits or the care and handling of the works therein.

Places of exhibition:

Arby's

Café American

Espresso Milano

Fairview Inn

Stackers Grill

Meier Camera

Oscars

Midori

Midland Resort

Kings Daughters

Midland Senior Center

Midland Community Center

Griswold Exhibit at Northwood University

MDOT Clare Welcome Center

Healing Arts Gallery Exhibit at Mid Michigan Medical Center

Annual Juried Exhibit at the Grace A Dow Library

Furthermore, I agree not to hold the owners, agents, employees, volunteers or patrons responsible for any loss or damage to the works resulting from their negligence or gross negligence while acting in connection with the exhibit or on behalf of the Midland Artists Guild or the place of exhibition.

I have read the above statement and agree to its terms and conditions.

Signature of artist or his/her representative:

_____ Date: _____

Yes, I give . . . No, I do not give . . . *MAG permission to use my photograph or likeness and /or photographs of my art work in the MAG newsletter, the MAG website or other media for publicity, marketing and promotion of MAG. This permission extends to both future and past photographs, until expressly revoked by me in writing.*

Complete this form and mail it in with your membership form.

Exhibition Coordinator: Chris Thompson 989-642-3283

Any theft or damage to artwork should be reported to the exhibiting artist or the exhibition coordinator immediately.