

**ARTIST RELEASE AND WAIVER OF LIABILITY**  
**For the following Art Exhibit:**  
**Dermatology Associates Art Exhibition**

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Greater Norristown Art League - GNAL800West - 800 West Germantown Pike, East Norriton, PA 19403

Artist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Artist Release:**

I, the above named, hereby assume all risks and hazards incidental to or arising out of my participation in the Dermatology Associates Art Exhibition listed above. The Artist warrants and represents that he or she is the sole legal owner of all rights, titles, and interest in all Artwork, including all related intellectual property interests such as trademarks and the sole and exclusive copyright in all artwork, and has the full right and authority to enter this Agreement and grant the rights required by this Agreement.

**Waiver of Liability:**

I do hereby expressly release and hold harmless the parties listed below, Greater Norristown Art League, any of GNAL800West's team members, all of its staff, and volunteers, both individually and collectively, from liability for any and all damages to or for the loss of the artwork that I am voluntarily submitting.

I do hereby release and hold harmless the above-listed parties from any claim arising from and usage of the facilities.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE POLICIES STATED ABOVE.

Artist Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Artwork Title:</b>	<b>Medium:</b>	<b>Price or NFS:</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Office use only: