



MILLER BEACH ARTS & CREATIVE DISTRICT ARTIST RELEASE FORM

ARTIST OR GALLERY:

ART MEDIUM (s):

STREET ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

WEBSITE:

PHONE:

BEST TIME TO CONTACT:

PLANNED PARTICIPATION DATE (s):

AGREEMENT

I/we hereby make application to become an exhibitor in the Miller Beach Arts & Creative District (MBACD) Pop Up Art events on Lake Street for the year 2012. I/we release(s), forever discharge(s) and hold harmless the MBACD of and from all manner of actions, suits, damages, claims, and demands whatsoever in law or in equity from any loss or damage to property of the undersigned while participating in the MBACD Pop Up Art events, including participating venues, their agents, representatives or employees. I/we consent(s) to the enforcement of all requirements and guidelines, as outlined below in the Info to Participants, relating to MBACD Pop Up Art events. I/we give permission for photos or depiction of my (our) work accepted for MBACD Pop Up Art events to be used for promoting MBACD events.

ARTIST SIGNATURE: _____

TITLE, IF SIGNING ON BEHALF OF A GALLERY: _____

DATE OF SIGNATURE: _____

PLEASE EMAIL THIS FORM ALONG WITH PICTURES OF YOUR WORK TO: POPUPART@MILLERBEACHARTS.ORG

OR MAIL COMPLETED FORM TO

**MILLERBEACH ARTS & CREATIVE DISTRICT
P.O. BOX 2405
GARY, INDIANA 46403**