

**2021 Dermatology Associates - GNAL Member Art Exhibition
Artist Release and Waiver of Liability - Page 1**

Name: _____

E-mail: _____ Phone: _____

Artist Release:

I, the above named, hereby assume all risks and hazards incidental to any participation
in the **Dermatology Associates, 531 W Germantown Pike, 2nd floor,
Plymouth Meeting, PA 19462**

The Artist warrants and represents that he or she is the sole legal owner of all right, title 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 granted in this Agreement.

Waiver of Liability:

I do hereby expressly release and hold harmless the parties listed below, Art Show Coordinators, Greater Norristown Art League and Dermatology Associates, 531 W Germantown Pike, 2nd floor, Plymouth Meeting and all of its staff, volunteers, and resident artists, individually and collectively, from liability for 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 TO THE POLICIES AS STATED ABOVE.

Artist Participant Signature

Date

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Artwork size(height,width), Title, Medium, Price

1. H _____ W _____ Title: _____

Medium: _____

Price: \$ _____

2. H _____ W _____ Title: _____

Medium: _____

Price: \$ _____

3. H _____ W _____ Title: _____

Medium: _____

Price: \$ _____