



PLEASE NOTE: AVA needs only one of these forms on file. If you have previously submitted this form there's no need to complete it again.

AVA RELEASE AND WAIVER OF LIABILITY

Property including any art exhibits on Langlade county Historical society museum premises or AVA Gallery or any other venue is exposed to risks of harm including but not limited to damage, disappearance, and destruction. Antigo Visual Artists and Langlade County Historical Society Museum and its Officers will take reasonable measures to protect all property including art exhibits. However, all risks of harm cannot be avoided. I understand that my artwork is subject to these risks of harm while on display and that all risk of harm cannot be avoided.

Antigo Visual Artists (AVA) and its Officers reserves the right to approve the content in of any art or other materials displayed on the museum premises or any other Antigo Visual Artists display or activity and may, in its sole discretion, deny the display of any art or other materials it deems not appropriate.

In consideration of the aforementioned and to display my current artwork or any future artwork at the AVA Gallery, I agree:

To assume full responsibility for any risk of bodily or personal injury, illness, death, property damage, or damage to my artwork arising out of my own acts or omissions or the acts or omissions of any third party or entity to which I have entrusted my artwork such as the Antigo Visual Artists (AVA) or the Langlade County Historical Society Museum.

TO RELEASE, WAIVE, FOREVER DISCHARGE AND PROMISE TO HOLD HARMLESS, LANGLADE COUNTY HISTORICAL SOCIETY AND ANTIGO VISUAL ARTISTS (AVA) AND ITS OFFICERS, DIRECTORS, AFFILIATES, EMPLOYEES, INSURERS, AGENTS, SUCCESSORS, AND ASSIGNS FROM ALL LIABILITY OR DAMAGE TO MY PROPERTY NOTWITHSTANDING THE NEGLIGENCE OF ANY OF THE PARTIES MENTIONED IN THIS PARAGRAPH BUT EXCLUDING LIABILITY OR DAMAGE TO MY PROPERTY ARISING OUT OF THE INTENTIONAL ACTS OR WILLFUL MISCONDUCT OF THE PARTIES MENTIONED IN THIS PARAGRAPH.

Print Name: _____

Signed: _____

THIS DOCUMENT MUST BE HAND SIGNED OR SIGNED WITH AN AUTHORIZED DIGITAL SIGNATURE

Date: _____