



516 Archer Marshall, Il 62444. 217-293-1050. gaslightartcolony@gmail.com

Children's 2020 Vision Art Show

Student's Name _____ Grade Level _____

Parents' Names _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Entry # 1 Title _____ Medium _____

RELEASE AND WAIVER

Acting as a participant and volunteer in Gaslight Art Colony, 516 Archer Avenue, Marshall Il 62441, I hereby for myself, my heirs, executors, administrators and assigns waive, release, discharge and covenant not to pursue litigation against Gaslight Art Colony, all event officials and volunteers, all personnel assisting in this organization, their employees, representatives, successors and assigns, from any and all claims for liability for death or for damages for any all injuries to me or my property arising out of or in connection with my participation in the organization. I further agree that I will defend, indemnify and hold harmless all claims, demands and causes of action, including court costs and attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit, or for the benefit of a minor for whom I signed this instrument, contrary to this release. This release extends to all claims of every kind and nature whatsoever, whether foreseen or unforeseen, known or unknown. I hereby grant my irrevocable permission to Gaslight Art Colony and its authorized agents, to use my name and any art photographs, video tapes, motion pictures, recordings, or any other record of my participation in the organization for any purpose.

A parent or guardian must sign for anyone under 18.

I have read and understand the foregoing Release and Waiver this _____ day of _____, 2_____

(Child's Signature)

(Parent or Guardian)

Please fill out below and attach to the back of your entry

Entry

Name _____

Grade level _____

Parents' Name _____

Phone # _____

Title _____

Medium. _____