



(931)707-7249
Plateau Creative Arts Center
451 Lakeview Drive
Fairfield Glade, TN 38558

Non-Member Photo, Display and Biographical Information Release Form

I, _____ am participating in _____

at/with/given by The Art Guild at Fairfield Glade . I attest that I have read, fully understand and agree with the following representations and conditions:

I hereby grant The Art Guild at Fairfield Glade and its legal representatives and assigns (collectively referred to as "The Art Guild") the unrestricted right to use and publish photographs of myself, either provided by me or taken by member photographers of The Art Guild, photographs in which I may be included with others, as well as photographs of any artwork created or provided by me in these activities and any biographical information (the "Materials") provided to The Art Guild in all of its publications and publicity and promotional materials.

This use may be in whole or in part in any form in existence now or in the future, including, but not limited to, in website entries on The Art Guild website, or newsletter, videos, grant reports, newspaper articles, brochures, handouts, and social networking sites. I acknowledge that my participation is voluntary and I will not receive financial compensation of any type associated with the taking or publication of these Materials.

I release The Art Guild from any and liability for, and waive all claims and liabilities relating to the Materials or my participation in these activities, including but not limited to, injury, loss, or damages caused in whole or in part by the negligence or other misconduct of The Art Guild (a "Claim").

I agree to indemnify and to hold harmless The Art Guild with respect to any Claim or expenses (including attorneys' fees and other costs of defending any Claim by a third party or that I might make, or that might be made on my behalf that is released or waived by this instrument) in any way connected with a Claim.

This instrument shall be governed, construed and enforced in accordance with the law of the State of Tennessee.

Name (please print)

Date

Signature

Phone

Address

Email address

Photograph by: _____ Date _____