

5<sup>th</sup> Annual Community Art Show

## Submission Form

Submission Drop-off Period: September 23 to 28, 2024

Artist's Name:		
Address:		
Phone:	Email:	
Artwork Submitted (Maximum of	3 artworks)	
Title	Medium	Dimensions
	, would like to participate in the C munity Art Show. This exhibition wil 25.	
Submissions must meet the follo	owing requirements:	
<ul> <li>pieces displayed will be dep</li> <li>Wall mounted artworks (phenomenant submitted with a proper hawire.</li> <li>All submissions must be labilitite of the artwork.</li> <li>Submissions are limited to considered on a case by case</li> <li>Submissions may be of any</li> </ul>	three artworks per artist, however, to be not on total submissions and contographs, drawings, canvases, etcanging mechanism; with "D" hooks beled legibly with the full name of the following of the following are dependent on available medium including, but not limited extiles, ceramics, painting, drawing, processed of the following of the follow	lisplay space.  a) must be and a picture  ae artist and  ons will be able space.  to: collage,
size, medium, and content. Piece immediately. The Chilliwack Muse packing materials and storage co	ives reserves the right to refuse pieds that are not chosen for display museum and Archives is not responsible ntainers. These materials must be pober 17, 2024. Any materials left at the of.	ust be picked up for storing icked up prior
and Archives for the duration of th	e displayed to the public at the Chilli ne exhibition. Pieces cannot be rem ed, and de-installation is completed	oved from the
·	petween January 27 and February 1, ed will become the property of the C e disposed of.	
The Chilliwack Museum and Arch may occur during the exhibition.	ives is not responsible for damage o	or theft that
I agree that my name will be pres	ented publicly in this exhibition.	
Artist Signature:	Date:	

For Office	use	only
Item #		

Signature of Parent/Guardian:



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## **Media Release Waiver**

Deadline for Submissions - September 28, 2024

I hereby irrevocably give the Chilliwack Museum and Historical Society (Chilliwack Museum) the right and permission to record my image or likeness while I participate in the Community Art Show project.

Furthermore, I hereby irrevocably give the Chilliwack Museum the right and permission to use images and recordings of my submitted work in all the same promotional means.

The Chilliwack Museum's right of use shall include the right to publish, adapt, exhibit, reproduce, edit, distribute, and display my image or likeness in connection with any product or service for any purpose (including, promotion advertising and trade) in all markets, media, or technology now known or hereafter developed. For Certainty, and without limiting the above, Sheridan's right of use shall also allow it to publish my image or likeness on the internet, incorporate my image or likeness in promotional videos and share my image or likeness with media organizations for any purpose.

I shall not have any entitlement to compensation for the Chilliwack Museum's recording and use and shall not make any claim against the Chilliwack Museum, its affiliates, agents, event partners, governors, officers, and/or employees for damages that may arise from its recording or use including, without limitation, any claim that is based on an alleged misrepresentation, negligence, defamation, breach of privacy, right of publicity infringement or an infringement of any applicable privacy legislation.

By signing my name, I acknowledge that I have read, understand, and agree with the contents contained within this media release waiver.

Address:	
Phone:	Email:
Artist Signature:	Date:
If under 18 years of age, a signate	ure of a parent or guardian is required.
G	d understood this media release waiver. I agree to hotographic or electronic records of the likeness of nd their submitted work:
Parent of Guardian's Name:	Date:
Signature of Parent/Guardian:	

For Office	use	only
Item#		

Artist's Name: