

RELEASE

2019 ARTISTS WITHOUT LIMITS

I, _____, voluntarily authorize the Anne Arundel County, Maryland to use my name and photographic and video images of me and my artwork, entitled _____, [hereinafter "Image(s)" or "Work"] for public purposes without notice, or payment of any royalty, fee or other compensation of any character to me for the use of the Image(s) or my name. I understand that such images are intended to publicize and give recognition to the Artists Without Limits 2019 program; and my authorization shall extend to any lawful purpose, including, but not necessarily limited to, public relations and promotional activities. This authorization is binding on myself, my heirs, assigns, personal representatives, administrators, and next of kin.

I hereby grant to Anne Arundel County, Maryland the absolute right and permission to publish and/or display, edit, duplicate and/or use the Images and my name in any media, specifically including the electronic media, throughout the world. I specifically waive any right of inspection or approval with respect to the use of the Images and my name, or any copy used in connection therewith.

I, _____, warrant that I am the original photographer/artist and owner of the photographs and/or art work that I am entering in the Artists Without Limits 2019 program. After the show, I understand that there will not be room to hang or store all of the Work. Therefore, I understand that the Work may either be picked up at the Independence Room, 2664 Riva Rd., Annapolis no later than June 10th, 2019 or I may donate the Work to Anne Arundel County, Maryland (the "Assignee"). If I have not picked up my Work by the deadline, then I hereby declare it is my intention to donate the Work and assign the copyrights to the Work to Anne Arundel County, Maryland to use as it, in its sole discretion, chooses.

Artist's Signature

Date

Printed Name

FOR ARTISTS UNDER THE AGE OF 18 OR WITH A LEGAL GUARDIAN

This is to certify that I, _____, the undersigned, am the _____ (parent and natural guardian or legal guardian) of _____.

I acknowledge that I have read and understand the above document and am fully aware of the legal consequences of signing this instrument. I hereby represent that I am, in fact, acting in such capacity and have the legal authority to do so. I consent and agree to my child's/ward's release as provided above.

Parent/Guardian Signature

Date