

# 2012 Evanston Ethnic Arts Festival Artist Application

Return this form no later than April 23, 2012

[www.cityofevanston.org/ethnic](http://www.cityofevanston.org/ethnic)

**Describe the ETHNIC CULTURAL HERITAGE of your artwork (Mexican, Norwegian, West African, etc.):**

Please describe your artwork below. This information factors into your jury score.

Was the artwork created by you?  Yes  No

If accepted, I plan to request 2 exhibit spaces at twice the exhibitor fee.

Artist's Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing address (all communications sent here) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_

Phone (evening) \_\_\_\_\_

E-mail (will not be shared) \_\_\_\_\_

Check all boxes that apply:  Artist  Importer  Fair Trade  
 New  Returning

## LIABILITY WAIVER FOR PARTICIPANT

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with the program(s).

I hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the City, the Parks, Recreation and Community Services Department, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death, injury, or property damage that I sustain while participating in the Activity.

This release is intended to discharge in advance the City of Evanston, the Parks, Recreation and Community Services Department, its officers, employees, attorneys, and agents from any and all liability arising out of or connected in any way with my participation in the Activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further agree that this waiver, release and assumption of risk is binding upon my heirs and assigns.

I FURTHER AGREE that if any claim or suit is pursued by me or on my behalf as a result of injuries from the Activity specified herein against the City of Evanston, the Parks, Recreation and Community Services Department, and its officers, employees, attorneys, and agents, I will Indemnify and Hold Harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

I FURTHER UNDERSTAND that City of Evanston staff and Evanston Community Media Center staff may photograph/ videotape participants in City of Evanston programs for promotional purposes. If you (or family members) don't want to be photographed/videotaped, please call the Public Information Office at 847/448-8041.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE CITY OF EVANSTON AND ME, AND I SIGN IT OF MY FREE WILL.

**SIGNATURE** \_\_\_\_\_ 

Name (please print) \_\_\_\_\_

Home phone number \_\_\_\_\_

Date: \_\_\_\_\_

## Artist Checklist

- I have enclosed a \$25 non-refundable application fee.
- I have **read and signed** the liability waiver above and read the cancellation policy.
- I have enclosed a self-addressed, stamped envelope for return of my slides or CD.



The City of Evanston is committed to making programs accessible to persons with a disability. For mobility or communications access information, please call (847) 448-4311 (voice), (847) 448-8064 (TTY) or 1-800-526-0844 (IL Relay Center).

**Complete payment info. and return form to:** City of Evanston Cultural Arts Division, Ethnic Application, 927 Noyes St., Room 100, Evanston, IL 60201. Questions? Please call (847) 448-8260.

**Payment Amount: \$** \_\_\_\_\_  Check # \_\_\_\_\_ (payable to City of Evanston)  Visa  MasterCard  Discover  American Express

Credit Card Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Expiration date \_\_\_\_\_ Security # \_\_\_\_\_  
(last 3 digits on back, 4 on front of AmEx.)

**Authorized Signature** \_\_\_\_\_ 