

ARTIST RELEASE FORM

By signing below, I, _____ (“the Artist”), hereby acknowledge and confirm the following:

- 1) I am the sole owner of the artwork submitted to the City of Enderby through the *City of Enderby Community Recognition Card Artwork - Call for Submissions* (“the Artwork”) and hereby authorize the City of Enderby to use the Artwork for the purpose of a Community Recognition Card design and other purposes related to its functions and communications. The City of Enderby will provide the Artist with a credit when announcing the Community Recognition Card design.
- 2) The City of Enderby has the right to alter, edit, modify, adapt, reproduce and illustrate the Artwork for the purposes of a Community Recognition Card design, and the Artist has no right to approve the finished Card design.
- 3) The City of Enderby will have exclusive use of the Artwork for an unlimited term.
- 4) The City of Enderby is not obliged to select any proposals received through the *City of Enderby Community Recognition Card Artwork - Call for Submissions*.
- 5) The City of Enderby will not be responsible for any costs, expenses, losses, damages (including damages for loss of anticipated profit) or liabilities incurred by the Artist as a result of or arising out submitting a proposal, or due to the City’s acceptance or non-acceptance of the Artist’s proposal, or arising out of any contract award not made in accordance with the express or implied terms of the *City of Enderby Community Recognition Card Artwork - Call for Submissions*.
- 6) Any information submitted through the *City of Enderby Community Recognition Card Artwork - Call for Submissions* is subject to the *Freedom of Information and Protection of Privacy Act* (FOIPPA) and any personal information provided will be collected pursuant to FOIPPA and will not be released except in accordance with FOIPPA.
- 7) The Artist shall declare any potential conflicts of interest and existing business relationships they have with City of Enderby officials.

Artist Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____