

10' x 10' Booth Application - Deadline: May 9th

APPLICANT NAME:

(Last)	(First)	(Middle Initial)	
ORGANIZATION NAME: (if applicable)			
ADDRESS:			
(Street)	(City)	(State)	(Zip)
PHONE NUMBER:		val.	
E-MAIL ADDRESS: Acceptance and artist information will be commun	nicated only via email. Please	include a frequently	y monitored e-mail address.
WEBSITE AND/OR FACEBOOK LINK:			
IOWA SALES TAX NUMBER: (if applica	able)		
Please note: if you do not have one, you may need to apply. See www.blanden.org for info.			
DESCRIPTION OF WORK TO BE DISE	PLAYED:		
Are you interested in doing a demonstra	-		-
Submitted 2 digital images that best represent your work. Label images with your First and Last name and number. Example: James_Smith_01.jpg. Images can be submitted via a CD, saved on a USB thumb drive, or emailed to blandenmemorial@gmail.com .			
Submitted Booth Fee: A 10' x 10' be Art Museum Members and currently en			65 each. \$55 for Blanden
acknowledge and agree that participation in the 2020 Blanden Arts Festival (the "Activity") to be conducted by the Blanden Art Museum and the Blanden Charitable Foundation (BCF), an lowa non-profit corporation involves the possibility that my property including, without limitation, any art or other items on display (collectively, the "Property"), may be damaged, lost or stolen and I acknowledge I am assuming the risk of loss of the Property by participating in the Activity. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I agree to release and hold harmless the Blanden Art Museum and BCF, their directors, officers, employees, agents, and affiliates from any and all liability for negligence or any other claim, judgment, loss, liability, cost or expense (including, without limitation, attorneys' fees) arising out of my participation in the Activity including, without limitation, any claims for damaged, lost or stolen Property. I further agree to indemnify and hold harmless the Blanden Art Museum and BCF, their directors, officers, employees, agents and affiliates, from any and all loss, damage, liability, cost or expense that the Blanden Art Museum and BCF may incur or suffer as a result of any claim of any kind whatsoever arising out of my participation in the Activity.			
I hereby represent and warrant that I have read this Release and Waiver Form in its entirety and fully understand its contents. I have signed this Release and Waiver Form voluntarily and of my own free will.			
Signature:		DATE	≣:
Print Signature:			







