



ArtSeed Participant Profile Waiver Form (* indicates required)

*Name: _____ Birthday: _____

*Address: _____ City: _____ Zip code: _____

Occupation: _____ Found ArtSeed from/Referred by: _____

*Home Phone _____ Cell: _____ *Email: _____

Consent to Receive Emails – May we send you seasonal newsletters and special invitations to your inbox? We will not share your addresses with others and we will be mindful to keep our emails infrequent. Emails have a SafeUnsubscribe® link. Please Check one: _____ Yes, please / _____ No, thank you.

Emergency Contact/Parent Name Printed: _____

Phone: _____ (home, work or cell?) Email: _____

Will you volunteer? Can you pay for instruction? Is it paid work you want? (circle one) My expectations are:

Tell us how you found ArtSeed, describe your general interests and background (or the art you make):

Specific Interests:

- | | |
|---|--|
| <input type="checkbox"/> general office assistance/data entry | <input type="checkbox"/> handy person/ transportation |
| <input type="checkbox"/> grant writing | <input type="checkbox"/> transportation of participants and supplies |
| <input type="checkbox"/> fundraising and event planning | <input type="checkbox"/> graphic design/ web site |
| <input type="checkbox"/> teaching and teaching assistantships | <input type="checkbox"/> Art-a-thon commitment |
| <input type="checkbox"/> accounting or financial advice | <input type="checkbox"/> exhibit art/ help with installations |
| <input type="checkbox"/> mailings/ brainstorming! | <input type="checkbox"/> Summer Intensive commitment |
| <input type="checkbox"/> public relations | <input type="checkbox"/> mentoring |
| <input type="checkbox"/> photography and documentation | <input type="checkbox"/> other: |

I'm available _____ hours a week / month (circle one). Best hours of the day: _____

Best days of the week for me are: _____, Preferred time line of commitment: ___/___/___ - ___/___/___.

NOTICE

Participation in an ArtSeed project means that all parties have signed this photo waiver & agree to:

- 1) provide a resume & two reference contacts, 2) be in touch before publishing/publicly displaying any part of any creative material made with ArtSeed, 3) allow publishing in print or online photographs of you & your art or make copies of, and sell your art from this project to benefit ArtSeed (unless it's loaned or a commission is discussed), and any art of yours unclaimed after ArtSeed's exhibition becomes property of ArtSeed, 4) read & sign this Artist Agreement & the General Release of Liability Agreement below.

General Release of Liability – The undersigned agrees to release, waive, discharge, and hold harmless, ArtSeed, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from any injury, illness, accident or any loss or damage to personal property or otherwise, during or arising in any way from participation. I acknowledge that this general release of liability of ArtSeed is binding on me personally, and on my heirs, personal representatives, successors, and assigns. The undersigned has read and voluntarily signs the ArtSeed participant/parent/guardian permission form. I understand and agree to the policies as stated above.

Special Needs – Please circle or underline your wish to be called and list below, on back, or attached, any special behavioral, physical, emotional, psychological or medical needs along with any learning differences you or your dependent might have. (Call me to discuss)

Exposure to Sensitive Art Materials or Subject Matter – It is your responsibility (volunteer, student, or parent/guardian) to communicate to ArtSeed staff that you or your dependent in ArtSeed programs may be sensitive to specific materials (for example, allergies to specific food, art supplies etc). We also wish to know if specific subject areas are particularly sensitive for your child. (Call me to discuss)

*PLEASE INITIAL ALL APPLICABLE COVID-RELATED OPTIONS BELOW:

I've proof that: I'm vaccinated _____. I've had a booster _____. OR, I've proof that I've tested negative on this date: _____.

I've not been exposed to, nor have I had symptoms of, COVID-related illness in the last ten days _____.

*Applicant Signature: _____ Date: _____

*Parent Signature (if applicant is under 18 yrs old): _____ Date: _____

THANK YOU FOR YOUR INTEREST IN WORKING WITH ARTSEED!