

The ARTery

Artist's Waiver for Exhibition of Original Artwork in HSL

I (please print), _____ agree to the following:

I acknowledge that my property, including, without limitation, any art or other items on display (collectively to be known as the "Property") may be damaged, lost or stolen and I acknowledge and understand the risk involved by allowing such property to be displayed by the "The ARTery" (jointly acknowledged as the gallery located within the Faculty of Medicine's Health Sciences Library (HSL) of Memorial University of Newfoundland).

I understand the HSL does not insure the Property and if I so choose I must acquire my own insurance.

The HSL has the absolute right, in its sole discretion, to remove or to relocate any Property. The HSL acknowledges it must inform the Artist(s) of any such change within 72 hours.

I agree that I will make every reasonable attempt to remove the Property from the HSL within two weeks after the exhibit has ended or after having received notification it is no longer on display.

By signing this waiver, I hereby agree to indemnify and hold MUN, The ARTery, HSL, Faculty of Medicine, students, and employees or designated representatives, harmless from any type of intellectual property infringement, including but not limited to patent, copyright or trademark infringement.

By signing this waiver, I also agree to waive any personal injury or property damage claim, now or in the future, that I may suffer as a result of the "exhibition", and I agree to indemnify and hold MUN, The ARTery, HSL, Faculty of Medicine, and employees or designated representatives harmless from any personal injury or property damage claim, now or in the future, that I may suffer or cause at the "exhibition".

I hereby represent and warrant that I have read this waiver in its entirety and fully understand its contents. I have signed the waiver voluntarily and of my own free will. By signing this waiver, I release and hold harmless MUN, The ARTery, HSL, Faculty of Medicine, students, and employees or designated representatives from and against any and all claims of injury or damages relating to the above provisions.

Artist: _____

Signature: _____

Date: _____

Witness (The ARTery representative): _____

Signature: _____

Date: _____