

Culture Days Studio Tours
(Hereinafter referred to as “Visit”)
Artists Informed Consent and Waiver Form

Date of Visit _____

Your Studio Address for the Visit _____

Full Name of Your Studio _____

By signing this Consent and Waiver Form, you agree to participate in the Visit of your own free will and judgement and also understand and agree to the following:

1. I/We have carefully read the description of the activity for which I/we are participating.
2. It is understood that this activity involves an element of risk, potential property damage and danger of accidents and knowing those risks I hereby assume those risks.
3. I/We agree to follow the Guidelines provided by the Corporation of The Town of Caledon.
4. In consideration for being permitted by the Corporation of the Town of Caledon to participate in the above activity, I hereby shall indemnify and hold the Corporation of the Town of Caledon (including its officials, officers, directors, employees, agents, affiliates and representatives) harmless against any and all liability arising out of or connected in any way with my participation in said activity, including but not limited to personal injury sustained by myself, any visitor, or damage to any property, that arise as a result of my participation in the Visit.
5. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the Corporation of the Town of Caledon harmless from any loss, liability, damage, cost or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.
6. I/We acknowledge that I am engaging in this activity as an independent business owner and not as a Town of Caledon employee, agent, official, officer or representative. I will receive no remuneration of any kind, salary, wage or payment or any benefits from the Town of Caledon whatsoever.
7. I/We will not be covered by the Town’s Workplace and Safety Insurance Board benefits and understand that no insurance policy coverage is available.
8. I/We have discussed this Visit with our insurer and have obtained our own adequate insurance coverage required for the Visit.



By signing this Consent and Waiver Form, you agree to participate in the Visit of your own free will and judgement and also understand and agree to the terms and conditions stated on this Form.

Signature of the Artist

Date

PRINTED NAME OF THE ARTIST
