

# Gallery 200 General Waiver Form

(Please note: Form must be returned in advance of participating in any Gallery 200 event.)

Please check the appropriate activity:

- Class Participant     Class Instructor     Featured Artist Exhibitor     Local Music Night  
 Gallery Theater     Volunteer     Ongoing Activity (*Community Choir, Knit Night, Underground Art*)

Please PRINT the following information:

Activity Name: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Do you have any special needs for this class or activity that we should know about?

*Return scanned form via email to:  
museum@westchicago.org*

*Return form via mail to:  
West Chicago City Museum  
132 Main Street  
West Chicago, IL 60185*

**WAIVER OF LIABILITY & PHOTO RELEASE:** In consideration of participating in, volunteering, performing, exhibiting art, attending or instructing classes or working for Gallery 200 or a Gallery 200 sponsored event, I, the undersigned for myself and/or as the parent/guardian of the Minor named below, hereby allow the City of West Chicago to photograph, video, record, display and identify myself and/or the minor named below including artwork on the internet, city website, newspapers, newsletters, and advertising materials such as press releases, for promotional purposes without prior notice and without compensation. I also grant the City of West Chicago express permission to use and identify, for promotional purposes, any photographs of myself and/or the minor named below or artwork that I may provide to the City of West Chicago. The photographic image(s) and any information about it (including this Waiver Form) in possession of the City of West Chicago may be released pursuant to a lawfully made request under the Freedom of Information Act.

In consideration of participating in, volunteering, performing, exhibiting art, attending or instructing classes or working for Gallery 200 or a Gallery 200 sponsored event, I hereby release the City of West Chicago, its officials, employees, agents and volunteers from all claims resulting from illness, injuries, or other damage which may be sustained by me and/or the minor named below while participating in, volunteering, performing, exhibiting art, attending or instructing classes or working for Gallery 200 or a Gallery 200 sponsored event. I furthermore agree and promise that I will not hold the City of West Chicago or any of the above parties responsible in this respect. In the event of injury or medical emergency I hereby authorize any Gallery 200 personnel or volunteer to obtain assistance from doctors, nurses or other emergency medical personnel or any other appropriate treatment. I understand that the City of West Chicago cannot assume responsibility for medical, dental or other health expenses incurred by myself and/or the minor named below as a result of participating in, volunteering, performing, exhibiting art, attending or instructing classes or working for Gallery 200 or a Gallery 200 sponsored event. I further agree to indemnify and hold harmless and defend the City of West Chicago and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained, and arising out, connected with, or in any way associated with the Gallery 200 sponsored event or activities, including, but not limited to, the City's use of photographic or video images.

Check the appropriate line and sign:

\_\_\_\_\_ Participant (over 18)    \_\_\_\_\_ Parent/Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Minor: \_\_\_\_\_