Spring Art Escape April 10 & 11, 2027

INDEMNIFICATION

The Registered Exhibitor, (name) _____ agrees to indemnify and save harmless both the Arts Council of Ladysmith and District and the Spring Art Escape Committee (Outreach Committee) from any and all liability arising out of the Exhibitor's participation in the 2027 Spring Art Escape including liability arising out of the Exhibitor's exhibit itself and the actions of the Exhibitors' employees and/or agents. It is recommended that the Exhibitor carry suitable insurance and all expenses of insurance shall be borne by the Exhibitor. In addition, the aforementioned parties shall not be liable in damages otherwise for failure to carry out the terms of the Agreement in whole or in part where caused directly or indirectly, by or in consequence of fire, storm, flood, war, rebellion, insurrection, riot, civil commotion, strike or by any cause whatever beyond the control of Management whether similar to or dissimilar from the causes enumerated herein. In any event, liability to the Registered Exhibitor for failure to carry out the terms of this agreement shall be limited to the return of the rental fee in whole or in part at the discretion of the Spring Art Escape Committee.

I will release the Arts Council of Ladysmith and District and the Spring Art Escape Committee from any and all liability for personal injury or loss or damage to personal property arising out of my participation in the Spring Art Escape or use of volunteers to assist with set up, moving, or tear down for the event.

Name of exhibitor (please print) _____

Name of organization (if applicable) _____

In the province of British Columbia, on this ____ day of _____, 20__, in _____ (city/town).

Signature: _____

Witness Signature: _____

ACKNOWLEDGEMENT SIGNATURE

I _____ do hereby acknowledge that I have read the attached Spring Art Tour rules and regulations, and I have retained a copy of these for my records. Further, I do hereby agree to comply with the statements contained therein.

Signature: _____ Date: _____

Witness: _____