

THE ARCHIVE PROJECT • ARTIST PROFILE**General:** *Please provide the following contact information.*

Date:

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Date of Birth:

Place of Birth:

www site:

Please identify an alternative contact—someone we can write or call should we be unable to reach you.

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Professional Background: *Please enclose a résumé and/or provide the following information. You may also include an Artist's Statement, Bio and any other information such as; reviews, background, your life as an artists with HIV/AIDS, etc.***Education/Training/Degree:****Exhibitions:****Artwork Information:****Media:** *(check as many as apply)*Painting Photography Sculpture Prints/Collage Installation Digital Craft Other_____**Subject:** *(check as many as apply)*Figurative Portrait Landscape Urban Abstract Conceptua Minimal Pop Documentary Decorative
Environmental Gender/Sexuality Erotic Spiritual Political HIV/AIDS related Other_____**Slide Documentation:** *Please send 10-20 slides with this form. Original slides will be returned. (please check one)*#_____ slides are included. Please label and/or include slide list with name, title, date, medium and size.Other form of documentation is included. Please contact me regarding slide documentation.**Optional Information:** *This information will be used for statistical purposes only.*Gender: Female Male Transgender other: _____Ethnicity: African-American Asian-American Caucasian Latino/a Native American other: _____Sexuality: Homosexual Heterosexual Bisexual other: _____*please return completed form to:***Visual AIDS 526 W 26th St. #510, New York, NY 10001**



526 west 26th street no. 510
new york, ny 10001
t.212.627.9855
f.212.627.9815
info@visualAIDS.org
www.visualAIDS.org

RELEASE AND INDEMNIFICATION

I understand that Visual AIDS for the Arts, Inc. ("Visual AIDS") through its Archive Project provides photo-documentation services to artists living with HIV/AIDS and to the Estates of artists who have had HIV/AIDS. Visual AIDS has agreed to photograph my work and provide me with sets of slides of the work so photographed. I understand that Visual AIDS will also keep sets of these slides as a part of the Archive Project.

I understand that, by signing this release, I hereby request that Visual AIDS (i) make the slides of my work contained in the Archive available for viewing by the public, including via printed materials, display on the Internet and through electronic media (existing and developed in the future), (ii) suggest me or my work for purposes of exhibition, publication, or other media opportunities, and (iii) provide any interested members of the public with information about me, including my address or phone number. I ALSO UNDERSTAND THAT VISUAL AIDS SHALL BE UNDER NO OBLIGATION TO DO ANY OF THESE THINGS. I understand that Visual AIDS may enter into partnerships or agreements with non-profits or commercial enterprises for the purposes of exhibitions, publications, or displays, or for any of the preceding purposes.

I understand that (i) the copyright in the slides of my work produced by Visual AIDS shall remain with Visual AIDS; (ii) that Visual AIDS hereby grants me an unlimited license to use such slides for any purpose whatsoever, and that (iii) that nothing herein shall be construed to transfer my ownership of the copyrights in my work.

I understand that by signing this release, I hereby acknowledge that because the Archive consists solely of the work of artists with HIV or AIDS, any person viewing the slides of my work or any biographical information may know or infer my HIV seropositivity, and I authorize disclosure of such information by Visual AIDS to its directors, officers, employees and volunteers and to members of the general public through viewings, exhibitions, publications, and otherwise. Visual AIDS shall bear no responsibility to me for disclosure of my HIV status.

I understand that by signing this release, I hereby acknowledge that (i) Visual AIDS shall bear no responsibility whatsoever for protecting my work against infringement by any third party of my copyright interests or other intellectual property rights or other rights I may hold in such work and, in no way, shall be responsible for any losses I may suffer as a result of any such infringement and (ii) Visual AIDS shall bear no responsibility whatsoever for any relationships I may develop or disputes arising therefrom with galleries, museums, the media, or other members of the public. In addition, I hereby represent and warrant that work of mine which I have asked Visual AIDS to photograph does not infringe the rights of any other individual or entity.

Therefore, I, _____ residing at _____
(name) (address, city, state)

in consideration of my participation in the programs of Visual AIDS, do hereby irrevocably and unconditionally release, hold harmless and indemnify Visual AIDS, its successors, assigns, directors, officers, employees, and volunteers of and from any and all manner of actions, suits, debts, dues, sums of money, accounts, judgments, claims, liabilities, losses and demands of any nature, known or unknown, in law and equity, regardless of the cause thereof arising out of or in connection with, either directly or indirectly, my participation in the programs of Visual AIDS.

This release and indemnification shall be binding upon me, my heirs, next of kin, executors, administrators and assigns.

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____, 20____.
(date) (month) (year)

Legal Signature of Artist

Visual AIDS: Read and agreed this _____ day of _____, 20____ by _____.

please return completed form to:

Visual AIDS 526 W 26th St. #510, New York, NY 10001