



**Eastern Ontario Agri-Food Network Application Form
for the 30th Annual Apples & Arts Studio Tour**

September 25 & 26, 2021

Submission Deadline: June 30th, 2021

Business name for publication: _____

Business contact name: _____

Your Mailing Address

Street Address _____

City/Town _____

County _____

Postal Code _____

Primary Telephone _____: publish? Yes No

Cell Phone Number: _____ publish? Yes No

Primary Email: _____ publish? Yes No

Primary website: _____publish? Yes No

Your Specialty: _____

Is your site Wheelchair accessible: Yes No

Agreement

You agree that:

- We can use the images, biographical data, and emails, phone numbers, and addresses you provide and approve for publication purposes.
- You agree to be open to the public between the hours of 10 am and 4 pm on Saturday, September 25th and Sunday, September 26th, 2021.
- You agree not to use the Apples & Art branding on any advertising or promotion without prior approval from us.
- You agree to comply with the applicable EOHU guidelines for indoor in-person contact, if applicable, that are in place at the time of the event.

I have read and agree to comply with the requirements of the Apples & Art Studio Tour. Non-compliance with any of these conditions may result in exclusion from future Tours. Please keep a copy of this application for your records. In signing this application, the artist grants permission to the Apples & Arts Studio Tour to use any submitted photographs and social media content the event generates in promoting the event.

Authorized Signature: _____

Date: _____

Please mail or email this completed application and signed insurance waiver. We would prefer you fill out the online form, available [HERE](#). Do not pay at this time, we will invoice you as soon as we're confident public health restrictions will allow for the event to be held safely.

Contact us at:

Email: (richard@yourartscouncil.ca).

Mail: Apples & Art Studio Tour,
c/o Richard Salem
21 Leonia Street
Cornwall ON
K6H 5L5

Apples & Art Studio Tour 2021

Insurance Waiver

Business Name: _____

Apples & Art Studio Tour does not carry insurance for tour locations. Responsibility for insurance coverage, including public liability and property insurance for activities associated with the TOUR, is the responsibility of each participant.

Therefore, each participating artist is required to sign the following waiver.

I (print name) _____, the undersigned, am an authorized signatory of the applying business, and understand the following:

1. Insurance coverage during the Apples & Art Studio Tour events, both public liability and property insurance, is the applying business's sole responsibility.
2. I agree to release the Apples & Art Studio Tour and its organizers from any damages to personal property and/or personal injury which the artist, helpers or visitors sustain while participating in the Studio Tour.
3. I agree not to use the Apples & Art Studio Tour name or logo for any self-promotion unless authorized in writing by the Apples & Art Studio Tour Organizing Committee.

Signature _____

Date: _____

Please keep a copy of this waiver for your records.