

**THE ARCHIVE PROJECT • ARTIST PROFILE****Estate Information**

Date:

Name of Estate Representative:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

**Artist Information**

Please include a past resume, artist's statements, bio, reviews or any other information available.

Artist Name:

Place of Birth:

Date of Birth:

Date of Death:

Lived/Worked:

Education/Degree:

Exhibition History:

**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**

**RELEASE AND INDEMNIFICATION**

I understand that Visual AIDS for the Arts, Inc. ("Visual AIDS") through its Archive Project provides photo-documentation and Archive services to artists living with HIV/AIDS and to the Estates of artists who have HIV/AIDS. I understand that Visual AIDS will keep and promote sets of slides as part of their programs.

I hereby state that I am the owner or representative of the copyright in the work of the artist \_\_\_\_\_ to be included in the Archive Project, pursuant to the terms set forth herein. (Artist Name)

I understand that, by signing this release, I hereby request that Visual AIDS (i) make the slides of the 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 the work for purposes of exhibition, publication, or other media opportunities, and (iii) provide any interested members of the public with information about the artist, including my contact 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 exhibiting, publishing, or displaying the Archive Project and its programs, or for any of the preceding purposes.

I agree to provide for use in the Archive Project (i) a set of slides of the work of the artist, and (ii) appropriate background information about the artist and their work. I understand (i) that the copyright in the slides provided by me to Visual AIDS shall remain with me, (ii) that I hereby grant Visual AIDS an unlimited license to use these slides for the purposes of promoting and presenting the work, (iii) that the copyright in any slides of the work produced in the future by Visual AIDS, through its photo-documentation services shall remain with Visual AIDS; (iv) that Visual AIDS hereby grants me an unlimited license to use such slides for any purpose whatsoever, and (v) that nothing herein shall be construed to transfer my ownership of the copyrights in the artist's 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 these slides or any biographical information may know or infer the artist's HIV seropositivity, and I authorize disclosure of such information by Visual AIDS to its directors, officers, employees, 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 HIV status.

I also acknowledge that (i) Visual AIDS shall bear no responsibility whatsoever for protecting the 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.

Therefore, I, \_\_\_\_\_ of \_\_\_\_\_  
(name) (name of estate, gallery and/or address)

in consideration of the artists 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, the artist's 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\_\_.

\_\_\_\_\_  
Legal Signature of Copyright Owner

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**