GUAM COUNCIL ON THE ARTS & HUMANITIES AGENCY
Kaha I Kutturan Guahan
P.O. Box 2950 Hagatna, Guam 96932
Ph. (671) 300-1204-08

Honorable Lourdes Leon Guerrero
Governor of Guam

Honorable Joshua Tenorio *S*
Lieutenant Governor of Guam

Angie R. Taitague
Executive Director

ARTIST DIRECTORY REGISTRATION FORM

1. Artist / Organization Name: _____

2. Contact Person: (If registered as an organization): _____Title: _____

3. Mailing Address: _____

4. Email Address: _____

5. Cell No.: _____ 6 . Other Contact No.: _____

7. Discipline (MARK All that apply:

_____Arts Organizations	_____Literature / Humanities	_____Media Arts
_____Arts Representative	_____Visual Arts	_____Classes / Workshops
_____Folk Arts	_____Performing Arts	_____Other: _____

8. Description of art or art service(s):

_____
_____
_____

9. **PROPERTY, INFORMATION AND PHOTO RELEASE FORM:**

I, (print your name) _____hereby authorize the Guam Council on the Ars and Humanities Agency, hereinafter referred to as "GCAHA" to publish my contact information listed above in the CAHA Artist Directory in both print and digital form. I also agree to allow GCAHA to use the images I have supplied for the purpose of illustrating my work in the Artist Directory and on the GCAHA website.

I understand that by authorizing the publishing of my contact information in the Artist Directory that I may receive inquiries from potential clients interested in my work.

I further acknowledge that participation is voluntary and that I, successors and assign, will receive no financial compensation of any type associated with the taking or publication of these images. I acknowledge and agree that publication of said images confers no rights of ownership or royalties whatsoever.

I hereby release GCAHA, its contractors, its employees and any third parties involved in the creation or publication of the GCAHA Artist Directory or GCAHA Website from liability for any claims or any third party in connection with the use of the images listed below.

AUTHORIZATION

Print Name: _____

Signature: _____ Date: _____
(PLEASE SIGN)

Parent or Guardian's Signature **(if under 18 years of age)**

Signature: _____Date: _____