**Attachment B: Artist’s Release and Indemnity Form**

**ARTIST RELEASE FORM**

This will confirm that for valuable consideration, receipt of which is hereby

acknowledged, I have and hereby assign and transfer forever to Tanana Chiefs Conference (TCC), all of my rights, title and interest in and to the original art described below, including, without limitation, the copyright therein and/or the right to federally register the copyright therein, and any and all renewals and extensions of any such copyright, in the United States and every other country in the world.

I hereby warrant that I am the sole owner of said art, and that I have no contractual or other arrangements which would interfere with or prevent the above-mentioned assignment or transfer of all my right, title and interest in said material. I represent that the individual named below is the sole artist to the aforesaid original work which I have furnished hereunder.

I understand that I will retain the right to use the aforementioned work for self-promotion purposes upon approval by TCC.

I also agree to defend, indemnify and hold harmless TCC, and its

directors, officers, agents, employees, and assigns, against and from any and all claims, liability, loss and damage, including reasonable attorney’s fees, caused by or arising, wholly or in part, from my inability to prove the validity of what is stated above (in paragraphs 1 and 2), and to defend at my expense any litigation instituted by any third party asserting such claims against TCC.

**Name of the Piece:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of the Piece: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Artist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**