

ARTIST DESIGNATION FOR SUBMISSION BY A COMMERCIAL GALLERY, ORGANIZATION OR ARTIST AGENT

I hereby designate and authorize _____ (legal name of gallery/organization or agent) to submit one application to the Alberta Foundation for the Arts' Art Acquisition by Application Program on my behalf.

I agree not to hold the AFA or its employees or agents responsible should the application or supporting information be lost or damaged.

I agree that the Art Acquisition by Application guidelines as identified on the AFA website form part of this application, and agree to be bound by the requirements set out in them.

I agree that the documents requested in the application requirements form part of this application.

I consent to the disclosure of the personal information contained in this application to individuals and organizations involved in researching the arts, to individuals and organizations involved in the promotion of the arts and for uses which are consistent to these two purposes.

I will provide my designated agent with any and all information required for the purposes of the application and, to the best of my ability, confirm that the information contained herein is true and complete in every respect.

_____ Date

_____ Artist/Parent or Guardian Signature

If the Artist is under the age of 18 years, a parent or guardian must complete and sign the Artist Designation.