

- b. **Is this your first application to Welcome Hill Studios? Yes () No ()**
- c. **If no, date of your most recent residency**

9. **DESCRIPTION OF PROJECT**

On a separate sheet, please describe your work plans for your stay

10. **REFERENCES** Each applicant is responsible for requesting two letters of reference from qualified individuals who are familiar with their work. References may be included with the application or sent under separate cover. Please indicate the name of the two references from whom you have requested letters:

1.

2.

11. **PROCESSING FEE**

A nonrefundable-processing fee of \$35 is required with each application. Checks should be made payable to Welcome Hill Studios.

13. **CHECKLIST**

- a. _____Application Form
- b. _____Project Description
- c. _____Processing Fee

References:

- d. _____Sent under separate cover
_____Included
- e. _____ Accident Waiver Form

13. **APPLICANT'S SIGNATURE:** _____ **DATE:** _____

SEND APPLICATION TO

Welcome Hill Studios
PO Box 84; West Chesterfield, NH 03466

Or email scanned PDF to
info@welcomehillstudios.org

**WELCOME HILL STUDIOS RESIDENCY PROGRAM
RECOMMENDATION FORM**

_____ has applied for admission to Welcome Hill Studios and has listed your name as a reference. The Residency Program provides artists and writers with room, board and studio space so that they may concentrate on creative projects. In addition to your assessment of the applicant's work, please comment on their ability to be self-motivated in an unstructured program and interact congenially. References are kept confidential. You may answer on this sheet or on your own letterhead.

Thank you for your response.

Name _____ Date _____

Signature of Recommender

Reference letters may be returned to the candidate or sent directly to Welcome Hill Studios.

Welcome Hill Studios
PO Box 84, West Chesterfield, NH 03466
info@welcomehillstudios.org

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH WELCOME HILL STUDIOS including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Welcome Hill Studios and any and all of its affiliates, and that it will govern my actions and responsibilities during my stay. In consideration of my application and permitting me to participate, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Welcome Hill Studios (WHS) and/or their directors, officers, employees, volunteers, representatives;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that WHS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf, but such consent shall not be deemed to transfer to any person the obligation to make decisions as to the extent or necessity of medical treatment. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participant, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, staff.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Resident's Name

Date

Resident's Signature