



MURIEL ANDERSON CONCERT AGREEMENT FORM

This contract is between the undersigned purchaser of music (the Presenter) and the musician(s) represented by the undersigned agent. The agreement of the musician(s) is subject to acts of God and conditions beyond their control. The Presenter agrees and shall indemnify Artist from and against any and all liability, claims, loss, damage or expense including attorney's fees, property damage or damage or injury to any persons incurred at or during the period of the performance contemplated herein. Presenter must maintain an insurance policy to cover the concert. Regular personal insurance policy may be sufficient for small venues.

NAME (S) OF MUSICIAN (S): Muriel Anderson
If double bill, with: _____

PLACE OF ENGAGEMENT: _____

ADDRESS: _____

TYPE OF ENGAGEMENT: Concert__ Concert with Audio-Visual__ House Concert__ Workshop__ Festival__

DATE(S) OF ENGAGEMENT: _____

SHOW TIME: _____ with intermission__ without intermission__

SOUND CHECK TIME: __ Doors not to be opened to the public until soundck is complete and the artist has given her consent.

SOUND SYSTEM: Mics are to be checked and rung out to sound natural without feedback before the artists arrive. 4 mics (2 vocal mics, 2 instrument mica), microphone stands, each with boom arm (short stands preferred), 4 Direct lines, 4 direct boxes, extra microphone cables,, Phantom power on board and 3 power outlets on stage, Reverb and EQ on board, Monitor, Qualified sound technician, Lighting. Please notify Muriel immediately if any of these are not available.

AUDIO-VISUAL COMPONENTS: Please let us know which of the following you have available.

_ Screen (size _____) _ Projector (Type _____, Connect with _DVD or _laptop) Front or Rear Projection _____

SPECIFIC REQUIREMENTS OF ENGAGEMENT: Raised stage, regular height chair (without arms), Bottled water (small), Hall to provide volunteer to help sell CD's before the show, at intermission, and after the show. Artist to keep 100% of product sales unless otherwise arranged in advance. Please notify Muriel immediately if any of these are not available. Any recording requires the permission of Artist and a copy to be sent to Artist.

GENERAL HOSPITALITY INFO IF NEEDED:

__ If green room buffet recommendations are desired, any of following is good: steak salad, tuna melt, Turkish, Greek, Indian or Ethiopian food, Bottled water, hot tea, apple or banana. __ or meal at least one hour before the show. (Please include a protein such as turkey, lamb, organic beef, fish/tuna/salmon, cheese, cottage cheese, nuts.). Muriel enjoys new foods while traveling although she currently avoids pork, shellfish, chicken unless organic, oranges, pineapple, horse, bear and carnivorous mammals in general. She is a non-smoker. If beverage pref requested, a glass if red wine after show

PUBLICITY TO BE DONE BY PRESENTER: _____

DRESSING ROOM/ GREEN ROOM Available by _____pm. Lockable Y/N _____

Temperature backstage should be close to the same as temperature onstage.

PAYMENT FOR ABOVE ENGAGEMENT: \$ _____ A deposit of \$500 will be sent along with completed contract.

If applicable: Vs _____ percent of proceeds, whichever is higher.

Or, If applicable: Plus _____ percent of proceeds after artist guarantee is met, and venue expenses totaling _____.

TICKET PRICE: _____ Other info to be listed on artist website: _____

LODGING if provided (Host family, Bed and Breakfast, or 4-star hotel) _____

CANCELLATION POLICY: Although cancellations are infrequent, if Artist cancels engagement, all monies on deposit will be returned to Presenter. If Presenter cancels with more than 6 weeks notice, a portion or all of the deposit may be returned under special circumstances. If Presenter cancels within 6 weeks, Presenter will be responsible for 50% of payment as well as any travel costs incurred by Artist.

MUSICAL REPRESENTATIVE:

NAME: Muriel Anderson

ADDRESS: PO Box 121634
Nashville, TN 37212

PHONE: 615-332-9878

E-MAIL: concert@murielanderson.com

DATE:

SIGNATURE:

PRESENTER:

NAME: _____

ADDRESS: _____

PHONE: _____

WEB : _____

PRODUCTION STAFF: _____

PHONE: _____

CELL PHONE: _____

MERCHANDISE VOLUNTEER/STAFF: _____

DATE: _____

SIGNATURE: _____