



EXHIBIT APPLICATION

Artist/s: _____
Address: _____
Phone Number: _____
Email: _____
Title of Show: _____
Date & Time of Installation: _____
Date & Time of Removal: _____
Date & Time of Reception: _____

In return for the opportunity to exhibit, a 10% commission is requested of any artwork sold.

I/We have read the Exhibit Policy and accept responsibility for compliance with the procedures and rules governing the use of the exhibit space.

Signature & Date

Signature & Date

.....
Date _____ Approved and confirmed with the applicant(s) _____
Art exhibit coordinator

PLEASE MAIL, FAX OR EMAIL FORM TO:

Constance Dyckman
Hendrick Hudson Free Library
185 Kings Ferry Road
Montrose, NY 10548
914-739-5654 x405
914-739-5659 fax
email: cdyckman@wlsmail.org

Adopted by the Library Board of Trustees 12.07.97
Revised 8.2.2018/10.26.20
Reviewed 01.01.11/12.10.12/10.26.15/10.23.17/04.08.19/10.26.20

HENDRICK HUDSON FREE LIBRARY
ART EXHIBIT INSURANCE WAIVER AND INDEMNIFICATION

I (WE), as exhibitor(s), HAVE READ the Art Exhibit Policy, which is incorporated herein by reference, and agree to indemnify, defend and hold harmless the Library, its Trustees, employees and volunteers from any and every claim for damage, loss or injury of any kind whatsoever to person or property, relating to the display of artwork while the above described exhibit is on display, or while any of the materials in connection therewith are en route to or from or in or upon the premises of the Library. It is specifically understood and agreed that all costs and expenses in connection with the exhibit are the responsibility of and will be borne entirely by the exhibitor. Prior to transporting artwork to be exhibited, I (we) will provide a certificate of insurance for the artwork and naming the Library as an additional insured or sign an insurance waiver for works displayed.

_____ Date _____
Signature (Exhibitor)

_____ Date _____
Signature (Exhibitor)