



EXHIBIT APPLICATION

Artist/s: _____

Address: _____

Phone Number: _____

Email: _____ Website: _____

Title & Description of Exhibit: _____

Month/Year of Exhibit: _____

Artists' Statement and Bio (optional) *Please attach

In return for the opportunity to exhibit, a donation equivalent to 10% of the sale price 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 _____

PLEASE MAIL, FAX OR EMAIL FORM TO:

Katie Caracci

Hendrick Hudson Free Library

185 Kings Ferry Road

Montrose, NY 10548

914-739-5654 x308

914-739-5659 fax

email: kcaracci@henhudfreelibrary.org

Adopted by the Library Board of Trustees 12.07.97

Revised 8.2.2018/10.26.20/12.08.21/09.19.22

Reviewed 01.01.11/12.10.12/10.26.15/10.23.17/04.08.19/10.26.20/12.08.21/09.19.22

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)