



ART EXHIBIT APPLICATION

Name _____

Organization/Affiliation _____

Address _____

Contact Phone _____ Cell Phone _____

Email _____

Name of Exhibit _____

Brief Description of Exhibit _____

Exhibit Location and Date:

1. ImagineIF Kalispell _____ Exhibit Date requested at this location _____

2. ImagineIF CFalls _____ Exhibit Date requested at this location _____

3. Both locations _____ Exhibit Dates requested at each location _____

* ImagineIF has my permission to transport my exhibit to the second location: __yes __no

Please submit with this application:

1. Artist's statement of purpose
2. Sample of work to be exhibited

At acceptance please make two copies of the signed Contract and Wavier. The Artist is to keep one copy and send a copy to the library, ATTN: Arts Advisory Committee.

Artwork must be ready to hang. If a piece is framed or is canvas with wood stretcher bars, use wires with eyehooks or sawtooth hangers. We recommend that the artist visit the library prior to approval to see the type of hangers we use and the space available. We are unable to display unframed work without prior permission.

I have reviewed the ImagineIF Libraries Art Exhibit and Display Policy and agree to the conditions and terms therein.

Signature _____ Date _____

ART EXHIBIT AND DISPLAY CONTRACT AND WAIVER

Name _____

Organization/Affiliation _____

Contact Person _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Name of Exhibit _____

Month of Exhibit _____ Installation Date _____ Removal Date _____

The signature of the contact person on the line below shall be understood to imply an agreement on the part of the artist/group/artist representative with all conditions in the ImagineIF Libraries Art Exhibit and Display Policy to display artwork in the display area during contract dates.

Contract:

I, _____, agree to the terms of the ImagineIF Libraries Art Exhibit and Display Policy, on this date _____.

Waiver:

I, _____, agree that ImagineIF Libraries is not responsible for damage or theft, including the transportation of art. I agree to establish the value of the artwork displayed in the art gallery and take out my own personal insurance if deemed necessary.

Date of Signature _____

**An inventory of all artwork must be attached when artwork is delivered.
Materials to be exhibited should be listed below.**

| Item # | Artist | Title | Description | Media | Declared Value |
|--------|--------|-------|-------------|-------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |