

Art Exhibits and Displays Waiver of Liability Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

I understand that my artwork or other property is scheduled to be on display from \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ (mm/dd/yy). I agree to pick up my artwork on or before \_\_\_\_\_ (mm/dd/yy) during normal hours of operation and understand that items not picked up by this date will become property of the Fort Smith Public Library.

I, (print name) \_\_\_\_\_, agree to the following:

I acknowledge that my property, including, without limitation, any art or other items on display, may be damaged, lost, or stolen during the exhibition or during the unpacking, packing, or transportation of the items and I acknowledge and understand the risk involved by allowing such property to be display by the Fort Smith Public Library.

I understand that the library does not insure any exhibits or displays and if I so choose I must acquire my own insurance. If I so choose such insurance, I agree to submit a copy to the library.

I agree that I will have a period of no longer than seven business days to remove any and all property from the Fort Smith Public Library once the exhibit ends.

I hereby represent and warrant that I have read this Art Exhibits and Displays Waiver of Liability form in its entirety and fully understand its contents. I have signed the waiver voluntarily and of my own free will. By signing this waiver, I release and hold harmless the Fort Smith Public Library, its Board of Trustees, employees, or representatives from and against any and all claims of injury or damages relating to the above provisions.

Artist/Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Library Staff Member's Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_