Kellogg-Hubbard Library Art Exhibit Application & Waiver of Liability

Art exhibitions are on a monthly basis in the Kitzmiller Fiction Room, the Children's Library and the small glass cabinet on the main floor. Special arrangements or unusual exhibitions require Director approval.

Date		
Name, Address & Contact Informa	ation	
Artist's Name(Organizations should provide the name	of a contact person)	
Name of organization (if applicable)		
Mailing address	Town	Zip
Phone Email _		
Proposed Exhibit		
Title of Exhibit		
Medium Used		
Preferred Month		
Preferred Exhibit Space		
☐ Karen Kitzmiller (Fiction) Room	☐ Children's Library	☐ Cabinet Space
		orief written description of the exhibit, and complete until this information has been
Waiver of Liability		
I have read and will abide by the rule participation in an unsupervised art en incurred by the artist. I agree to assure	xhibit carries risks, including the	ogg-Hubbard Library. I acknowledge that ft or damage to items exhibited or injuries
I release the Kellogg-Hubbard Librar including negligence, personal injury		
I also hereby agree to indemnify and because of my art exhibit at the Kello		ry harmless from any claim brought
I agree to take responsibility for any o	damage to the library or library p	property caused by my exhibit.
Signature:	D	Pate: