

Cartersville-Bartow County Public Library
429 West Main Street, Cartersville, Georgia 30120 ■ 770-382-4203

Art Gallery Application and Agreement to Exhibit

Name of Organization: _____

Name of Applicant: _____

Applicant's Address: _____

Phone Numbers: _____

Dates Requested: _____ 2nd choice: _____

Description of Exhibit: _____

I, the undersigned, acting as an individual or an agent of the named organization, have read the Library Art Gallery Exhibit Policy and agree to follow its rules.

Furthermore, I understand that:

the Cartersville-Bartow County Library accepts no responsibility for any damage, loss, or theft of exhibited items. I understand that the Library does not provide insurance or special security, and that all items placed on display are done so at the owner's risk.

exhibit dates will be assigned subject to availability and Library programming.

the exhibitor is responsible for the installation and dismantling of display items as scheduled, and will furnish approved hardware for hanging art and approved labels for items.

if Library staff is forced to dismantle a display because the exhibitor has not removed it on time, the Library is not responsible for damage to, or proper storage of, exhibited items.

any damages incurred to Library property as a direct result of the exhibit will be charged to the individual or group responsible.

sales transactions may not take place within the Library, but the exhibitor may provide contact information for staff to distribute upon request.

The Library has my permission to use biographical information I have provided and photographs of my artwork in promoting the exhibit.

Signature: _____ Date: _____

For Library Use Only – Approval for Exhibition

Signature of Art Gallery Committee Member or Library Director

Date: _____

Exhibition Dates: _____