

AMES CENTER

Artwork Sign-in & Sign-out / Liability Waiver Form

Name of Exhibition: **Great River Chapter of Botanical Artists**

Exhibit Dates: **November 29 – December 31, 2017**

Artist Full Name: _____

Street Address: _____

City, State, ZIP: _____

Email: _____

Phone: _____

Number of pieces _____

Additional information about your artwork:

The gallery will be open to the public Monday through Friday from 9 a.m. to 5 p.m., Saturday from 10 a.m. to 2 p.m., as well as during all events and performances. Recorded video surveillance is in effect at all times. I understand that the staff of the Ames Center will take reasonable care in handling and securing my artwork during the dates my artwork will be exhibited. I will not hold the Ames Center or its staff or members responsible for any loss, theft, or damage to my artwork while it is on the property of the Ames Center. I understand that the staff of the Ames Center in charge of my artwork will not be held responsible for my artwork after the pick up time has expired. I also understand that I am granting permission for Ames Center to photograph my artwork for publicity purposes.

Ames Center acts as a retail broker and will collect a commission of 25%, net of transaction fees, and will forward the proceeds to the artist upon sale of any artwork.

By signing in the "drop off" space below, I acknowledge and agree to the conditions listed above related to the submission of my artwork.

Artist signature – drop off _____

Drop off date: ____/____/____

Artist signature – pick-up _____

Pick up date: ____/____/____