Charles W. Harris Gallery

Artist’s Display Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have submitted the materials listed below (hereinafter “Artwork”) for display by the Library Gallery, Charles W. Harris Exhibit Room, Inc. d/b/a Charles Harris Library Gallery or Charles Harris Gallery (hereinafter “Gallery”).

I understand that the Gallery has arranged for space in which to display the Artwork in the Lonesome Pine Regional Library’s Wise, Virginia branch (“Library”), and recognize that exposure of my Artwork at the Library, as arranged by the Gallery, conveys a valuable benefit to me.

In consideration for the valuable benefit, I hereby, for myself, my heirs and my assigns, release and hold harmless the Library, its Board of Trustees and Board of Trustees members, its employees, agents, assigns and successors-in-interest, as well as the Gallery, its Board of Directors and Board of Directors members, its employees, agents, assigns and successors-in-interest, from any and all damage or injury to the Artwork.

I further agree to fully indemnify the Library, its Board of Trustees and Board of Trustees members, its employees, agents, assigns and successors-in-interest, as well as the Gallery, its Board of Directors and Board of Directors members, its employees, agents, assigns and successors-in-interest, from any and all loss, cost, claim, expense, cause of action, loss of use and liability by reason of injury (including death) to persons or damage to property relating in any way to the Artwork and/or me.

I also acknowledge that I am responsible for the delivery and pick up of all artwork displayed in the gallery on my behalf.

Artwork/Items:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Medium | Date | Dimensions | Value (NFS = not for sale) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Use reverse side or separate sheet to list additional items.*

**Please note: the gallery retains a 25% commission on all artwork sold during the exhibit.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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