

## Lander Art Center Exhibitor Waiver, Release, and Commission Agreement

\_\_\_\_\_ I, as the exhibitor, understand that the Lander Art Center will take every reasonable step to insure safe handling and exhibition of my art.

\_\_\_\_\_ I certify that the works submitted to this exhibition have not previously been on display at the Lander Art Center.

\_\_\_\_\_ **I understand that the Lander Art Center does not carry insurance for exhibited works of art.**

\_\_\_\_\_ I release the Lander Art Center, its staff, members, employees, volunteers, and agents free and harmless from any loss, or damage that may happen to my art, or resulting cost or liability during the time that my art is shipped to, from, and during the stay at the Lander Art Center.

\_\_\_\_\_ I also agree that this waiver and release is to be binding on my heirs and assigns.

\_\_\_\_\_ I also agree to allow the Lander Art Center use of slides and other promotional materials (including photographs and electronic recording) taken during the exhibition, preparation and take down, for the purposes of promoting the exhibition during the exhibition and in the future.

\_\_\_\_\_ Additionally, I allow the Lander Art Center to release my name, phone number, e-mail, and website address to the public for sales and promotion.

\_\_\_\_\_ I agree that the Lander Art Center or other exhibition spaces will charge 30% commission on all works sold through this show.

\_\_\_\_\_ I have carefully read this agreement, waiver. And release and fully understand its contents. I am aware that this is a release of liabilities and a contract between the Lander Art Center, its staff, members, employees, volunteers, and myself and agents and I sign it of my own free will.

\_\_\_\_\_ **I understand that my work is to arrive at the Lander Art Center by the end of the day on, 10/20/2017, and is to remain on exhibit through 12/15/2017. If I do not pick my work up by 5:00 PM on 01/05/2018 I will not hold the Lander Art Center accountable for the safe keeping of my work.**

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

Artist Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

