

Niagara Falls Public Library

Art Exhibit Waiver of Liability Form

Thank you for your interest in exhibiting at the Niagara Falls Public Library. Please complete the following application and return it to the Executive Director.

Artist _____ Date _____

Address _____

Home phone _____ Work phone _____

E-mail address _____

I understand that my artwork is scheduled to be on display from _____ (mm/dd/yy) to _____ (mm/dd/yy). I agree to pick up my artwork on or before _____ (mm/dd/yy) during normal hours of operation and understand that items not picked up by this date will become property of the Niagara Falls Public Library.

By signing this form, I acknowledge that I have read and agree to the terms outlined in the Art Exhibit Policy and that the Niagara Falls Public Library is not responsible for the security of any work displayed on the premises. Any items deemed lost, stolen, damaged or missing are the sole responsibility of the submitting artist.

Signature

Date

Please return form to:

**Niagara Falls Public Library
Attn: Executive Director
1425 Main Street
Niagara Falls, NY 14305**

Questions? Call 716-286-4911

