



EXHIBIT CONTRACT AND WAIVER

Artist/Organization _____

City _____ Zip Code _____

Phone _____ Email _____

Exhibit Title _____

Exhibit Opening Date _____ Closing Date _____

The signature of the contact person on the lines below shall be understood as an agreement on the part of the artist/group/artist representative with all conditions in the Urbandale Public Library Art Gallery Policy.

Contract

I agree to the terms of the Urbandale Public Library Art Gallery Policy for displaying artwork in the gallery and agree to provide and hang artwork in the gallery for the duration of the Exhibit Dates listed above.

Signature _____ Date _____

Waiver

I agree that the Urbandale Public Library and the Urbandale Public Library Art Gallery Committee is not responsible for damage or theft. I agree to establish the value of the artwork displayed in the gallery and to take out my own personal insurance if deemed necessary.

Signature _____ Date _____

Please keep a copy of this document for your records and email it to Brianna Ryan at bryan@urbandale.org, or drop off/ mail a copy to:

Urbandale Public Library
3520 86th Street
Urbandale, IA 50322