

WATERBURY MUNICIPAL OFFICE 802.244.7033 or 802.244.5858 FAX: 802.244.1014

> 28 NORTH MAIN ST., SUITE 1 WATERBURY, VT 05676 WATERBURYVT.COM

## Steele Community Room Exhibit Application Online <u>Application Link</u>

Name of exhibitor (i.e. Artist, institution, or organization):					
Representative overseeing installation					
Address:		_			
City:		State:			
Zip:					
Phone:	Cell:				
Email address:					
Exhibit Start Date:	Exhibit End Date:				
Title of exhibit:					
Number of pieces in exhibit:					
Description of exhibit:					

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## **Exhibitor Waiver Form**

I (please print),	
	agree to
the following:	

I acknowledge that my property, including, without limitation, any art or other items on display (collectively to be known as the "Property") may be damaged, lost or stolen during the exhibition of or during the unpacking, packing or transportation of and I acknowledge and understand the risk involved by allowing such property to be displayed by the Town of Waterbury.

I understand that the Town of Waterbury assumes no responsibility for insuring this art work. If I so choose, I must acquire my own insurance. If I so choose such Insurance, I agree to submit a copy to The Library.

I understand that I am responsible for the hanging or display of any Property and must get prior approval of any signage from the Town of Waterbury.

The term of the Exhibition begins when the Property(s) are delivered to the Town of Waterbury, and shall run through the agreed upon Exhibit end date, plus a period of no longer than seven business days for the Artwork(s) to be reclaimed by the Lender. The "exhibit end date" means the date so specified on the first page of this document.

By signing this waiver, I hereby agree to indemnify and hold the Town of Waterbury, its Board of Commissioners, the Town of Waterbury, employees or designated representatives, harmless from any type of intellectual property infringement, including but not limited to patent, copyright or trademark infringement.

I hereby represent and warrant that I have read this Exhibitor Waiver Form in its entirety and fully understand its contents.

I have signed the waiver voluntarily and of my own free will. By signing this waiver, I release and hold harmless the Town of Waterbury, its employees or representatives

Name and signature		
Date:		
Received by:		
	(Steering Committee name and signature)	
Date:		

from and against any and all claims of injury or damages relating to the above

provisions.