

Tolland Public Library
Art/Exhibit Waiver Form

(Please Print) I _____ agree to the following:

I acknowledge that my display may be damaged, lost or stolen during the time it is exhibited at the Tolland Public Library. I understand the risk involved in displaying in a public building and will not hold the Tolland Public Library responsible for any damages.

I understand I am responsible for hanging and dismantling the exhibit.

I understand the exhibit will be displayed for one month and will remove the exhibit on the last day of the month that the library is open.

I have read and understand the Tolland Public Library Art/Exhibit Policy.

Name

Date

Tolland Public Library
Art/Exhibit Application

Please fill out all information and return to the library.

Today's Date:_____

Month/Year Applying For:_____

Exhibit Area Requested:_____

Name of Artist:_____

Address:_____

Phone:_____ Email:_____

Type of Art or Exhibit Title:_____

Describe what will be displayed including number of items, medium, theme or content:
