



## MANSFIELD ARTS ADVISORY COMMITTEE

### Mansfield Area Juried Art Show Artists Consent

**Please complete and send this form with JPEG files of your work to [artsadvisory@mansfieldct.org](mailto:artsadvisory@mansfieldct.org) for your work to be considered for the show.**

A limited number of works will be selected.

Artists will be notified after Arts Advisory Committee review of acceptance or rejection.

Return to: [ArtsAdvisory@mansfieldct.org](mailto:ArtsAdvisory@mansfieldct.org)

Artist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of the person who will act as liaison with the Community Center for this exhibition (if different from above):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### **Works being submitted:**

<b>Item Name and Description (Title &amp; Medium)</b>	<b>Approx. size</b>
1. _____	_____
2. _____	_____

Note that works exhibited at this location during this display period **are not insured** against loss or damage under the terms of the Town of Mansfield's insurance policy.

### **ARTIST'S CONSENT**

I understand that display of artwork may involve risks and I hereby agree to release, discharge and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, volunteers and/or members/visitors from any and all liability or damage that may occur to my artwork while on display at the Mansfield Community Center property.

Furthermore, I understand that the Town videotapes and/or photographs the interior of the facility and participants for promotional purposes. I hereby release and permit the Town of Mansfield to utilize any photographs of my displayed artwork or myself while at the Mansfield Community Center for such purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_