



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 for your work to be considered for the show.

A limited number of works will be selected.
Artists will be notified after February 4th of acceptance or rejection.

Return to: 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:

Item Name and Description (Title & Medium)	Approx. size
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: _____