

# Exhibition Agreement

King Memorial Library  
9538 Rt. 16, PO Box 509  
Machias, NY 14101  
716-353-9915; [kingmemoriallibrary@gmail.com](mailto:kingmemoriallibrary@gmail.com)

I, the undersigned, agree to display the following pieces of artwork at the King Memorial Library:

TITLE

MEDIUM

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*Use the back of page or attach additional sheets if more room is needed*

I understand that the pieces will be on display from \_\_\_\_\_ to \_\_\_\_\_ and may not be removed by the artist or designated person from the library before this term is completed, without permission from the Library Director. I understand that every care has been taken to protect the artwork displayed and I insure that it is properly prepared for display. I will not hold the King Memorial Library responsible for damages to any pieces in the exhibit. I understand the Library assumes no liability in case of damage or theft. The Library has my permission to take digital photos of my artwork and use them for publication in any of its print or electronic formats.

\_\_\_\_\_  
Signature of Exhibitor

\_\_\_\_\_  
Printed name of Exhibitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Library Director

\_\_\_\_\_  
Printed name of Library Director

\_\_\_\_\_  
Date

Artist contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Business or Studio \_\_\_\_\_