Exhibitor Release

EXHIBITOR NAME (Last, First)

STREET

TOWN, STATE, ZIP

HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS

EXHIBIT/EVENT NAME & DATE(S)

EXHIBIT/EVENT LOCATION

TOTAL NUMBER OF SUBMITTED WORKS FOR THIS EXHIBIT LISTED BELOW

I hold the Stratford Arts Guild, its members, agents and Board of Directors harmless from any and all claims of negligence, damage to and/or loss of the submitted works of art listed below to the above exhibit event. The Stratford Arts Guild will ask all participants, volunteers, independent agents and attendees to exercise appropriate caution in regard to the exhibit, care and handling of these submitted works, although this request does in no way create a liability for the Stratford Arts Guild or other parties. ***Please review Exhibit Requirements Sheet.***

I understand that the Stratford Arts Guild is not responsible for the collection or remittance of any ***SALES TAX*** *and I am responsible for all tax liabilities resulting from the sale of my artwork at this exhibit.*

I do agree to exhibit my work, or the work of a minor or other person for whom I am responsible, for the duration of this exhibit, with full understanding of the above conditions, without qualification.

X

EXHIBITOR SIGNATURE DATE

X

PARENT/GUARDIAN of MINOR or EXHIBITOR REPRESENTATIVE SIGNATURE DATE

SAG ITEM #	Title of work	Medium /material(s)	Value / Price / NFS

www.StratfordArtsGuild.net

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