

Woodbridge Town Library

10 Newton Road

Woodbridge, CT 06525

Phone: 203.389.3434 Fax:203.389.3457



WOODBRIDGE
TOWN LIBRARY

Exhibit Registration and Release Form

I, the undersigned, request that the items described below be displayed at the Woodbridge Town Library. In consideration of the privilege of displaying them in the Library, I release said Library from responsibility for any damage and/or loss while these items are on display.

I agree to indemnify the Town of Woodbridge, its agents, and employees, from all loss and/or expenses, including all costs and attorney’s fees, and to hold them harmless from any liability arising out of, or resulting from the exhibit.

Further, I agree to the following conditions:

1. The Library reserves the right to determine space for all exhibits.
2. I am responsible for installing and removing the exhibit at pre-arranged times.
3. All installations must be done in a non-destructive manner and subject to prior approval of installation methods using library hardware. No holes shall be placed in walls and no tape shall be placed on walls.
4. Any reception to be held in the meeting room must be scheduled when the exhibit date is confirmed. I am responsible for any refreshments for that reception.
5. No item may be offered for sale on the library premises, although the Library upon request will make a price list available at the Circulation Desk should there be inquiries.
6. I have read and agree to comply with the attached Art Exhibits Display Policy.

Name: _____ Occupation: _____

Address: _____

Telephone: _____ Email: _____

First & second choice of month for exhibit: _____

Signature: _____ Date: _____

Please complete the information on the other side and return to Adult Services

Please provide the following information:

Medium and subject of works to be shown: _____

Title of exhibit: _____

Memberships and awards: _____

Previous exhibits (individual or with organizations): _____

Artwork in permanent exhibitions, installations or collections (give locations): _____

Please provide an Artist Bio to be posted on our website submitted digitally by email.

The information in the box below is to be completed by the library upon scheduling:

Date exhibit will be installed: _____	Time: _____
Date exhibit will be removed: _____	Time: _____
Date of reception (if artist is having one): _____	Time: _____

Please sign/initial and return this form to Adult Services at the Woodbridge Town Library. If approved, a copy of this form may be returned to you upon request. Call 203.389.3434 if you have any questions. Thank you.

Library Approval: _____ Date: _____

Artist's Initials: _____