

Hartland Public Library
Community Room Art Display Waiver Form

Please complete and submit this form to the Library Director before the display period.

The display period begins _____(date) and ends _____(date).

WAIVER: I hereby agree to release, discharge and hold harmless the Hartland Public Library, officers, employees, agents, volunteers and/or visitors from any and all liability or damage that may occur to my artwork while on display at the Hartland Public Library. I understand that display of artwork may involve risks and I understand that the library does not provide insurance for artists' displays. For artwork displayed in the library's community room, I understand that this room is sometimes made available to the public during times when the library is closed and no library staff member is present.

Name: _____

Address: _____

Phone: _____

Email: _____

Title of Display: _____

I have read and consent to the above Art Display Waiver.

Signature: _____ Date: _____

To be completed by the Library Director:

Meeting confirmed and scheduled: _____ Date: _____