



Loveland Museum/Gallery

Loveland Art Studio Tour Exhibit Agreement



This Exhibit Agreement is entered into as of the ____ day of _____, 2024, by and between the CITY OF LOVELAND, COLORADO (the “City”), and _____ (the “Artist”).

WHEREAS, the Artist desires to display original artwork during an exhibition, to be held at the Loveland Museum/Gallery, titled *Loveland Art Studio Tour Exhibition* (the “Exhibit”); and

WHEREAS, the City desires to allow the Artist to display such original artwork subject to the terms and conditions of this Exhibit Agreement,

NOW, THEREFORE, in consideration of the promises and the mutual covenants contained herein, the parties agree as follows:

SECTION I

Artist: _____
(Please CLEARLY **PRINT** your name as you wish it to appear in the Exhibit.)

Address: _____

Telephone: _____ Alt. Phone: _____

Email Address: _____

Tax ID# (if available): _____

Title I) _____

Medium: _____

Retail price(if applicable): _____ Insurance Value: _____

Deliver artwork: Wednesday October 2, 2024, 10 am-12 pm

Please enter through the front doors of the Museum and deliver directly to the Foote Gallery, lower level.

Exhibition dates: October 11-November 10, 2024

Opening reception Friday, October 11, 6-8 pm

Loan Period: Oct 2-November 12, 2024

Date of pick-up: Tuesday, November 12, 10 am-12 pm

*Alternate drop off and pick up times can be arranged, contact Maureen.corey@cityofloveland.org

ARTIST ACKNOWLEDGES AND ACCEPTS ALL THE TERMS AND CONDITIONS SET FORTH IN THE *LOVELAND ART STUDIO TOUR EXHIBITION POLICY* A COPY OF WHICH ARTIST ACKNOWLEDGES HAS BEEN PROVIDED TO ARTIST AND IS INCORPORATED HEREIN BY THIS REFERENCE.

By: Artist

Artist Signature: _____ **Date:** _____

Parent/Guardian Signature (if Artist is under 18):

FOR STAFF USE ONLY

By: City of Loveland

Signature (for City of Loveland): _____

Title: _____

Date: _____

SECTION II

SIGNATURE BELOW SIGNIFIES THAT THE ABOVE ITEMS HAVE BEEN WITHDRAWN BY THE ARTIST OR THE DULY AUTHORIZED AGENT OR LEGAL REPRESENTATIVE OF THE ARTIST, AND THAT SUCH ITEMS WERE UNDAMAGED AND IN ACCEPTABLE CONDITION AT THE TIME OF WITHDRAWAL.

By: Artist

Artist Signature: _____ **Date:** _____

Parent/Guardian Signature (if Artist is under 18):

FOR STAFF USE ONLY

By: City of Loveland

Signature (for City of Loveland): _____

Title: _____

Date: _____