



John C. Hart
MEMORIAL LIBRARY

1130 East Main Street
Shrub Oak, NY 10588
(914)-245-5262
www.yorktownlibrary.org

EXHIBIT APPLICATION AND AGREEMENT

Exhibitor (S)	
Address	
Telephone/Fax	
Email	
Exhibit Month	
Installation	<i>Installation on the 1st of the month or shortly thereafter</i>
Reception	
Removal	<i>Removal prior to or on the last of the month</i>
Exhibit Name/Description	

Damage or Injury: The display artist must agree to be liable for any deliberate or accidental damage done to the Community Room, its adjacent facilities, display cases, and their contents as a result of their exhibit. The Library Board may require a display artist to post bond or to prove financial responsibility before confirming a reservation. Damage or injury must be reported immediately to the Library Staff.

The undersigned is the display artist or a duly authorized officer of the sponsoring organization and, in behalf of that organization, agrees to hold harmless the John C. Hart Memorial Library, its Trustees, employees, and agents from any and every claim for damage, loss or injury of any kind whatsoever while the above described exhibit is on display, or while any of the materials in connection therewith are in route to or from, or in or upon the premise of the Library. It is specifically understood and agreed that all costs and expenses in connection with the exhibit are the responsibility of and will be borne by the sponsoring artist, individual, organization, and that the John C. Hart Memorial Library will be named as an additional insured in any policy or policies of insurance obtained or maintained to cover losses to or in connection with the exhibit. Damage or injury must be reported immediately to the Library Staff.

Artists and performers are responsible for securing any copyright and/or trademark releases that are required.

The foregoing application is made in accordance with the statement of policy and the rules and regulations of the John C. Hart Memorial Library.

The undersigned has read and accepts responsibility for compliance with this policy and the regulations.

Signed: _____ **Date:** _____

PLEASE MAIL OR EMAIL FORM TO:

Exhibit Coordinator,

1130 E Main St, Shrub Oak, NY 10588

914-245-5262 - Debbie Sarno, Exhibit Coordinator

dsarno@wlsmail.org



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