



Cochrane Public Library DISPLAY CABINETS Exhibit Agreement

Between:

The Cochrane Public Library Gallery Committee (hereinafter called the Gallery)
and

_____ (hereinafter called the Artist)

Exhibit Title: _____ Exhibit Dates: from _____ to _____

Setup Date & Time: _____ Take Down Date & Time: _____

Artist(s) Fee: \$ _____ Paid Date: _____ Staff Init.: _____

“For Profit” Exhibits (*intending to sell items on display*)

1. For each exhibiting **artist the fee is \$10.00**, which is to be paid to the Library upon signing this agreement. This fee will secure the exhibit date and will be non-refundable should the artist not exhibit as agreed.
2. The Gallery will collect a **10% commission on all sales** from the exhibit while the exhibit is displayed in the display cabinets at the Cochrane Public Library. Please clearly indicate on the inventory list and the identification cards if the work is for sale or not for sale, and the cost of each piece.

For “Non-Profit” Exhibits are exempt from the exhibit fee. (Educational / Awareness/ Entertainment purposes only)

3. The artist(s) will be responsible for bringing their art work to the library, ready for display and on the agreed upon setup date.
4. The artist(s) is responsible for setting up their exhibit, as well as the take down, during library hours.
5. The artist(s) are responsible for their own insurance coverage for their works during this exhibit. Usually covered for a limit under a home or tenant policy.
6. The Library will help with the promotion of the artist’s exhibit by way of printing 12 pre-designed, ready to print posters for their distribution in the community and in the library. The artist is responsible for the distribution of the posters.
7. All amendments and modifications of this signed agreement will be done with written mutual consent from both parties.

Itemized articles on display:

(e.g. the number of items, their size, & special details about the items on display.)

Use the back of this sheet if more space is needed.

Artist’s Signature

Date

CPL Gallery Committee Representative

Insurance Co. Name & Policy Number