



Exhibition Name:

ARTIST EXHIBITION AGREEMENT

1. Entry fee to exhibit artwork with Capital Arts is \$5 per piece for Members or \$10 per piece for Non-Members, unless otherwise noted in exhibition notices. These fees will be used for exhibition publicity and Gallery expenses. No refunds are given for artwork juried out of a show.
2. Artists may submit up to four pieces of artwork per show.
3. Art submitted to shows must be the artist's original work or reproductions of their own work to which they hold the rights.
4. Artwork must be appropriately framed and wired side-to-side ready to display.
5. All artwork must be for sale.
6. Capital Arts reserves the right to reject any work. Work may be rejected for any reason including, but not limited to: the work is too fragile; the work is not properly prepared for exhibit; the work is damaged; the artist does not remit the appropriate fees (membership or otherwise) in a timely manner.
7. Capital Arts reserves the right to use pictures of the artwork for promotion and advertising of Capital Arts and the Exhibition.
8. Artist assumes complete responsibility for insurance of artwork. Capital Arts nor the Jefferson City Parks and Recreation Department are responsible for lost, damaged or stolen artwork. All reasonable care will be given to artwork brought to Capital Arts Gallery. Works are submitted at the artist's risk.
9. Artist will determine the retail price of the work and Capital Arts will retain 25% commission on the sale to support the mission of Capital Arts. Payments will be made to artist 10 business days after the close of the show.
10. NO artwork will be accepted after deadline.
11. Artwork must be picked up during show pick up dates. If art cannot be picked up, different arrangements need to be made. Artwork left in the gallery more than 30 days after the scheduled pickup date becomes the property of Capital Arts.

I have read and understand the above policy and agree to abide by it.

Artist Signature:

Date:

Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

E Mail: _____ Phone: _____

Submit Gallery Agreement One Week Prior to Exhibition.

Capital Arts reserves the rights to make changes to this agreement. Please sign, date and return copy – retain a copy for your records.

EXHIBITION INVENTORY

ARTIST LAST NAME: _____

ARTIST FIRST NAME: _____

EXHIBITION: _____

TITLE 1: _____ MEDIUM: _____

FRAMED SIZE (WXH): _____ SALE PRICE: _____

Artist Initials for Pickup: ____

TITLE 2: _____ MEDIUM: _____

FRAMED SIZE (WXH): _____ SALE PRICE: _____

Artist Initials for Pickup: ____

TITLE 3: _____ MEDIUM: _____

FRAMED SIZE (WXH): _____ SALE PRICE: _____

Artist Initials for Pickup: ____

TITLE 4: _____ MEDIUM: _____

FRAMED SIZE (WXH): _____ SALE PRICE: _____

Artist Initials for Pickup: ____