



Marion Theatre Call to OAG Members

CLASSIC MOVIE CHALLENGE

Application Form

Please complete this form and send together with your application fee of \$10 to:
Iris Kaplan, 3205 Lowe Court, The Villages, FL 32163. Keep a copy for your records.

Member Name: _____

Phone Number: _____

Email: _____

Title of Artwork: _____

Medium of Artwork: _____

Art Exhibit Waiver of Liability Form

Thank you for exhibiting at the Marion Theatre. Please complete the following Waiver of Liability Form and return it to the Ocala Art Group Exhibit Chairperson.

I understand that my artwork is scheduled to be on display from _____ (mm/dd/yy) to _____ (mm/dd/yy). I agree to pick up my artwork on _____ (mm/dd/yy) between 11 AM and 1 PM. If I personally cannot pick up my work at the scheduled time, I understand that I must make arrangements with the Exhibit Chairperson. I understand that items not picked up at this time will become property of the venue.

By signing this form, I acknowledge that I have read and agree to the terms outlined in the Art Exhibit policies and that the Ocala Art Group and the Marion Theatre are not responsible for the security of any work displayed on the premises. Any items deemed lost, stolen, damaged or missing are the sole responsibility of the submitting artist.

_____ Signature _____ Date