



# OCALA ART GROUP

LEESBURG CENTER FOR THE ARTS

“A Moment in Time” Art Show

APPLICATION FORM



OAG Artist Name: \_\_\_\_\_

Artist Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Artwork Title: \_\_\_\_\_

Artwork Dimensions: \_\_\_\_\_

Artwork Medium: \_\_\_\_\_

Price: \_\_\_\_\_

Alternative Phone Number and Name: \_\_\_\_\_

I acknowledge that my artwork is an original that is solely made by me. I understand that no copies, prints, giclées, or any artwork completed as part of a class will be accepted.

By signing below, I acknowledge that I have read and understand all the rules and requirements for this show.

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***Signature and Date***

Completed Application Package, includes:

1. Application Form
2. Waiver of Liability Form
3. Check made out to Ocala Art Group,

Mail to: *Susan Fink, 3156 Killington Loop, The Villages, FL 32163*



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## WAIVER OF LIABILITY FORM



Thank you for exhibiting at **Leesburg Center for the Arts**. Please complete this Waiver of Liability Form, by initializing each line below and signing the form. This form is required to be included in your Application package.

\_\_\_\_ I understand that my artwork is scheduled to be on display from **April 5 – May 31, 2024**.

\_\_\_\_ I agree to pick up my artwork on the scheduled date/time.

\_\_\_\_ If I personally cannot pick up my work at the scheduled time, I understand that I must make arrangements with an alternate person to pick up the artwork. The name and phone number of the alternate person is on the Application form.

By signing this form, I acknowledge that I have read and agree to the terms outlined in the **OAG** and **Leesburg Center for the Arts Art Show, A Moment in Time Call To Artists, Application, Schedule, Rules and Requirements**.

I furthermore acknowledge that the **Ocala Art Group** and **Leesburg Center for the Arts** 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.

OAG Artist Name Signature: \_\_\_\_\_

OAG Artist Name Printed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

*\* This Waiver of Liability Form is required to be submitted before the artwork can be accepted. Submit this form with the Application.*

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