

OCALA ART GROUP

MARGARITAVILLE 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 <u>acknowledge</u> that I have read and understand all the rules and requirements
for this show.

Signature and Date

Completed Application Package, includes:

- 1. Application Form
- 2. Waiver of Liability Form
- 3. Check (\$15) made out to Ocala Art Group,
- 4. Mail to: Jan Tindall, 1406 Arbor Trail, The Villages, FL 32162



OCALA ART GROUP

Waiver of Liability Form

Thank you for exhibiting at Ocala Civic Theatre . Please complete this Waiver of Liability Form, by initializing each line 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 May 3-5, 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 Margaritaville Art Show Call To Artists, Application, Schedule, Rules and Requirements.
I furthermore acknowledge that the Ocala Art Group and Ocala Civic Theatre are <u>not</u> 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 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.