



# WASHINGTON TWP PUBLIC LIBRARY

## TEMPORARY EXHIBIT APPLICATION

NAME OF ARTIST OR GROUP \_\_\_\_\_

CONTACT PERSON/APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF INSURANCE COMPANY (IF INSURED) \_\_\_\_\_

DESCRIPTION OF EXHIBIT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREFERRED DATE(S) OF EXHIBIT \_\_\_\_\_

I/We understand and agree to abide by the terms and conditions of the Washington Township Public Library Temporary Exhibit Policy. I/We further agree to indemnify full and hold harmless the Washington Township Public Library, including their Board of Trustees and employees from any and all actions, suits, claims and demands whatsoever and from all losses, costs, charges and expenses with regard to any and all damages that may be caused to the display for as long as it is exhibited at the Washington Township Public Library, including any time at the Library when the display is not on public exhibit.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED EXHIBITION DATES \_\_\_\_\_