



BEDFORD PUBLIC LIBRARY

Ann De Nicola Gallery Exhibit Request Form

Exhibit Title: _____ **Proposed Dates of Exhibit:** _____

Description of exhibit, including type and quantity of materials:

How would this exhibit further the Library's mission and goals?

Space needed: _____ **Display cases** _____ **Wall space**

Applicant name: _____

Community organization, if applicable: _____

Address: _____

Website: _____

Phone: _____ **Email:** _____

Having read the attached statement of policy, I agree to assume responsibility in fulfilling the requirements outlined for exhibiting in the Ann De Nicola Gallery. I understand that set up and take down of the exhibit is my/my organization's responsibility. I will contact the library one month before the scheduled exhibit time to arrange the exact time for setting up and taking down the exhibit.

Signed: _____ **Date:** _____

Waiver of Liability

I, the exhibitor, understand that my items are exhibited at the Bedford Public Library at my own risk. I understand that neither the Library Director, nor staff, nor Trustees, nor the Town of Bedford are responsible for theft, vandalism, fire, or other damage to the exhibit. I agree that I will not bring any action against and shall hold harmless the library staff, Director, Trustees, and Town of Bedford for any damage to the material on exhibit.

Signed: _____ **Date:** _____

For library staff use:

Approved by:	Date received:	Entered into calendar:	Confirmed with applicant: