

**Application  
Art Beyond Boundaries  
Visual Art Exhibition**

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Name: Mr./Mrs./Ms. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number: \_\_\_\_\_  
Email address (optional): \_\_\_\_\_

Art Form(s): \_\_\_\_\_

Emerging or Established Artist: \_\_\_\_\_  
Artist With or Without Disability: \_\_\_\_\_  
Are you a senior? \_\_\_\_\_

Do you belong to any of the following ethnic groups?

Asian    African American    Hispanic/Latino    Appalachians  
 Native Hawaiians/Pacific Islanders    No

I am interested in being added to the Art Beyond Boundaries mailing list.

**Artwork Entries: Please provide the following information for each piece of artwork you are submitting.**

| Title | Medium | Size | Price |
|-------|--------|------|-------|
|       |        |      |       |
|       |        |      |       |
|       |        |      |       |
|       |        |      |       |
|       |        |      |       |

**Submit this application with your artwork and liability waiver**

Questions? Call 513-421-8726 or e-mail [artbeyondboundaries@gmail.com](mailto:artbeyondboundaries@gmail.com)

## **ART BEYOND BOUNDARIES GALLERY LIABILITY WAIVER**

**Artists / Registrant:** \_\_\_\_\_

**Dates of Exhibition:** \_\_\_\_\_

For myself, or on behalf of the above listed minor, for whom I am responsible as parent or legal guardian, I state:

- I am 18 years old or older.
- The registrant desires to participate in the above listed exhibition.
- I give the registrant permission to participate in the above listed exhibition.
- I am aware that the Center for Independent Living Options (CILO) Inc. does not insure nor agree to be responsible for any theft, damage, or loss of any article. I freely choose to exhibit in the Art Beyond Boundaries Gallery, 1410 Main Street, Cincinnati, Ohio 45202. I agree to accept any and all loss, theft, or damage resulting directly or indirectly from registrant's participation in these activities.
- I agree both, not to sue, nor to hold CILO, their directors, officers, employees, agents, and volunteers responsible for any loss, theft, or damages connected with registrant's participation in these activities.
- I understand that the release is intended to protect CILO, Art Beyond Boundaries Gallery, their directors, officers, employees, agents, and their volunteers from any claim of negligence (the failure of reasonable care)
- I understand that this is a release from liability, a hold harmless agreement, and an assumption of risk agreement.
- I understand that this is a binding agreement between CILO and myself, and that it is binding on myself, my heirs, or anyone making a claim.
- I understand that the exhibition Curator has the final authority regarding acceptance of all work into an exhibition and its placement within the exhibition space of Art Beyond Boundaries Gallery. The Curator will endeavor to inform all artists of final decisions regarding placement of accepted work but reserves the prerogative to make any last minute changes to the exhibition and placement of work to ensure maximum artistic impact. This may result in changes being made which may not be communicated to the artist prior to the opening of the show.
- I understand that all accepted work into any exhibit will remain on display for the duration of the exhibit even in event of a sale unless otherwise determined by the gallery Director. In the event of a sale the artist will receive 70% of the requested price and the gallery will receive 30% commission.
- I give CILO and Art Beyond Boundaries Gallery permission to photograph my work and if desired, use the photos in print or electronic media for the promotion of their programs and future art exhibitions.
- I have carefully read this agreement and fully understand its content. I sign of my own free will.

**Signature:** \_\_\_\_\_

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