

# ENTRY FORM

***DUE Friday, May 1, 2015 with Artwork***

Late deliveries may not be eligible to be exhibited

- Entry Form **MUST** be completed in full and fixed to the back of the artwork.
- If submitting more than one entry, please provide a separate form attach to each additional entry.
- Entries forms that are not completely filled out will not be displayed in the exhibition.

*Please note: The information on artists' name, title of submission and inspiration/motivation may be used for labels and participant lists.*

*If you are the art instructor submitting multiple pieces for a group or group coordinator submitting art please indicate how the artist name should be displayed if there would be issues of confidentiality.*

*Please print clearly. The information needs to be legible and accurate, including your email address.*

Group Contact if applicable: Name \_\_\_\_\_ Email: \_\_\_\_\_

Group/Social Service Name: \_\_\_\_\_

Artist Name\*: \_\_\_\_\_ Age: \_\_\_\_\_

*\*If you do not want full name released on label(s) and program please indicate an alternate way to identify your art: \_\_\_\_\_ (E.g. "Student", "Anonymous").*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Title of piece: \_\_\_\_\_

Inspiration/Motivation to create piece: (Limit 1-2 sentences): \_\_\_\_\_

Size: Width \_\_\_\_\_ Height \_\_\_\_\_ Medium: \_\_\_\_\_

- *If you need assistance with framing your artwork, your piece must be 9" x 11". Please contact staff at [artunitingpeople@gmail.com](mailto:artunitingpeople@gmail.com)*

***Do you give permission for your artwork to be reproduced for any of the following?***

- 1) Is this art piece available to the media for promotion of this exhibition? YES  NO
- 2) Can this art be uses on a notecard to be sold for the benefit of Friends of the Alexandria Mental Health Center, a local non-profit 501 C 3 that provides support for individuals receiving mental health services from the Alexandria Department of Community and Human Services YES  NO
- 3) A video might be made which will highlight the Art Uniting People traveling exhibition and used for educational presentations and/or for placement on the Anti-Stigma HOPE Campaign website. Can your images be used in the video? YES  NO
- 4) Do you give permission for us to use a photograph of you and/or your art for newspaper print, advertising or websites in relation to the Art Uniting People Exhibition? YES  NO

*This event is hosted by community volunteers. Would you be interested in volunteering? to help with hanging and de-installing the art pieces or the opening reception?* YES  NO

**Loan Agreement**

# 2015 "Art Uniting People" Exhibition

## Celebrating Recovery, Creativity and Mental Health

We want to be able to display your art piece at various venues corresponding to the "Art Uniting People Exhibition: Celebrating Recovery, Creativity and Mental Health". In order to display your piece the Anti-Stigma HOPE Campaign of the Partnership for a Healthier Alexandria are asking that you please read the following in its entirety, sign, and date the form and include it with your Entry Form.

In accordance with the Terms and Conditions Statement, I, \_\_\_\_\_, the lender agrees to lend the objects/artwork submitted in the Art Uniting People Exhibition to the Anti-Stigma HOPE Campaign of the Partnership for a Healthier Alexandria for display and use at 2015 Venues throughout the City of Alexandria, From June 2015 to December 2015.

### TERMS AND CONDITIONS AGREEMENT

- 1. WARRANTY.** The Lender/Artist warrants that s/he hold full and clear title to the Objects/Artwork identified in this Agreement or is the agent of the Owner authorized to lend the Objects/Artwork to the *Friends of the Alexandria Mental Health Center, the Anti-Stigma Hope Campaign, .*
- 2. INFORMATION PROVIDED.** Attributions, dates, valuations and other information shown on this Agreement are given by the Lender.
- 3. RISKS.** All Objects/Artwork are hung by the artists at their own risks.

I have read and agree to the above terms and conditions and acknowledge receiving a copy of this Agreement. If you are acting as the representative for a group of artists/students submitting pieces by signing this Agreement you take the responsibility for all the art in your group:

Signature of Representative/Artist: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Representative/Artist: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE:

Number Assigned to Artwork: \_\_\_\_\_

Permission to reproduce and use for promotion? YES  NO

Accepted to Travel? YES  NO

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

Returned to: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_