WRAP STATE EXHIBITION PARTICIPATION

Contact and Artwork Comment Form

Return with permission form by June 15, 2014
Please send with your artwork.

NAME __________________________ AGE (optional) __________
(There will be an award given to an artist under 25 years old.)

TITLE (or specific description of piece) __________________________

MEDIA: ______________________________________________________

PRICE $________________ OR Not for Sale ______________________

ARTWORK COMMENTS: Please write a brief description of your interest in art and/or the purpose or approach you followed in creating this art object. Or describe what the art subject means to you. This will be printed on your title card. Many viewers are interested in your comments.

RELEASE
I agree to provide the work(s) of art or other material identified above for display in the Wisconsin Regional Art Exhibition. I release the University of Wisconsin Board of Regents (on behalf of the University of Wisconsin-Madison), the Center For Visual Art and the Wisconsin Regional Artists Association from responsibility for loss, damage, destruction or theft of work(s) while on display and/or while being shipped to or from the exhibition. The displayed works are not and will not be covered under any insurance or liability coverage applicable to the University of Wisconsin. I understand that if I want insurance coverage, I am responsible for obtaining such coverage at my own cost for the work(s) being displayed.

__________________  ____________________
Signature           date

Address: ___________________________________________________

City: __________________ State: __________ Zip: ______

Phone: home (_____)_________________ work (_____)_____________

E-mail: __________________________ see other side