

Continuing Studies Art Show
University of Wisconsin-Madison

Name: _____ Phone: home (_____) _____ E-mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Dates of Show: _____

List of Works: (List titles here or attach a separate sheet)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

RELEASE

I agree to provide the work(s) of art or other material identified above for display in the Continuing Studies Art Show, as listed above.

I agree to release the Board of Regents of the University of Wisconsin System, its officers, employees and agents for all risks of physical damage, from whatever 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 property or liability coverage through the UW Board of Regents.

I understand that I am solely responsible for the decision to procure, or not, property insurance at my own cost for the work(s) being displayed.

Signature

Date

* * * * *

Return of Artwork: I certify that the artwork listed above has been returned to me.

Signature

Date