Warwick Museum of Art Artist Agreement 3259 Post Road, Warwick, RI 02885 401-737-0010

Full Name (please print):		
Street Address		
City	State	Zip
Daytime Phone:	Cellphone:	
Email Address:		
Website		
\square I give WMOA permission to	doc for our Gallery Book. to of your submissions for our Or to use my name, hometown, and ading (but not limited) to press rel	, ,
Artist Agreement (<i>Please read</i> Exhibits may have separate "Cal artists, which are not part of this a Sales Tax (7%) on the retail sales price	I" guidelines for type of artwork agreement. The Warwick Museum	licated.) ks, display requirements, and qualifications fo of Art, Inc (WMOA) is required to charge RI State
All artists retain copyrights to submitted for exhibits for promotion		MOA is authorized to reproduce any items e.
retail sales price of each work. Net	t payments will be made to all artis	e of each item; WMOA will retain 40% of the sts after the exhibit has closed, WMOA has been hased goods, and the artist has signed off on the
for the value of artwork that exceprice, but on an independent app	eeds the terms of the insurance or braisal (paid by the artist). Insuran within five days after its remov orks.	ork in each exhibit; the artist is responsible coverage. Valuation is based not on the listing ance claims must be filed in writing within 10 wal from the building; claims must include two
of Warwick or any other person(s) co	onnected to this exhibition respo orimary insurance for any artwork	d WMOA, its agents, jurors or sponsors, the Citronsible in for damage or theft. The artist is also submitted, other than what may be covered by
	mes the property of the museum	e Pick Up Dates designated on the "Call." m and can be sold or gifted at the discretion is programs.
☐ I have read the Artist Agreemen	t above and agree to the terms ou	utlined.
Artist Signature	Da	ate
☐ I have retrieved my unsold art	twork and release WMOA from a	all claims.
Artist Signature	 Da	ate