



ARTWORK SUBMISSION FORM

NIAGARA FALLS ART GALLERY 8058 Oakwood Drive, Niagara Falls, Ontario L2E 6S5

T: 905.356.1514 www.niagarafallsartgallery.ca F: 905.356.3039

What's On At Your Gallery? FIND OUT ON:



Terms of Submission

**ACCEPTED ARTWORK
COLLECTION DATE:**

ARTIST RESPONSIBILITIES

Artwork must be picked up on the date specified ABOVE unless otherwise noted in writing by the gallery.

If the artwork can not be picked up on the above date, arrangements for an alternate pickup time after the exhibition has concluded **MUST be arranged PRIOR** to the listed date.

Artwork for which prior arrangements have not been made by the artist or artwork which remains unclaimed by the listed date will be considered abandoned and by default will become property of the Niagara Falls Art Gallery with full transfer of rights to be used at the gallery's discretion.

Your submission of work to the gallery for display will be considered a *full acceptance of the terms described on this form.*

**OTHER IMPORTANT DATES:
(Where Applicable)**

RECEPTION:

**EXHIBIT
DURATION:**

ARTWORK SUBMITTED FOR CONSIDERATION

#	TITLE	YEAR	SIZE (W x H x D*)	MEDIUM	VALUE (\$ CAD)	For Sale? Y/N	OFFICE ONLY: Accepted
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Please Note: Artwork will only be accepted if ready to hang with preinstalled supporting devices. The Niagara Falls Art Gallery also does **not** take a commission on sales

ARTIST INFORMATION

NOTE: Please ensure all information is accurate and up to date; the Niagara Falls Art Gallery will not be held responsible for missed communications due to the inaccuracy or incompleteness of this form.

FIRST & LAST NAME:

CONTACT PHONE #:

CONTACT EMAIL:

SUBMISSION DATE:

I have read, fully understand and accept the terms of submitting work for exhibition at The Niagara Falls Art Gallery as outlined in this form.

Signed:

Date:

ARTIST NAME	ARTWORK NAME

ARTIST NAME	ARTWORK NAME

ARTIST NAME	ARTWORK NAME

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ARTIST NAME	ARTWORK NAME

ARTIST NAME	ARTWORK NAME

ARTIST NAME	ARTWORK NAME

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ARTWORK Collection And Release

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What's On At Your Gallery? FIND OUT ON:



Artist Statement of Collection And Release:

I, _____,

(Please Print Full Name)

hereby acknowledge that I have collected all of my artwork from the **Niagara Falls Art Gallery** that was submitted for exhibition during the following time period:

and further acknowledge that the artwork has been returned to my care in an acceptable condition and henceforth release the Niagara Falls Art Gallery from any liability.

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CONTACT EMAIL:

CONTACT PHONE #:

SIGNED:

DATE: