

Artist Contract for Chestertown RiverArts Gallery Exhibitions

RA Member: Yes No

ARTIST NAME (PLEASE PRINT)

EMAIL ADDRESS PHONE NUMBER

STREET ADDRESS (for non-members) CITY STATE ZIP

ARTWORK

Items submitted by artist for show:

By signing this form I agree that I have read and understand the “Memorandum of Understanding” below and will adhere to the policies therein.

Artist Signature _____

Date _____

RiverArts Gallery Representative _____

Date _____

Memorandum of Understanding

- I understand that Chestertown RiverArts will handle the sale of the work, charge the appropriate sales tax, and divide the sale 65% to the artist and 35% to Chestertown RiverArts. *Please note this when pricing items.
- I understand that I must submit a W-9 form to Chestertown RiverArts in the event I receive \$600 or more per calendar year in artist payments.
- I agree to keep the works on display at the Chestertown RiverArts gallery for the full time indicated on page one of this contract and will be responsible for picking up the work on the scheduled pick-up dates – No exceptions.
- During the time my work remains at Chestertown RiverArts, I agree that Chestertown RiverArts will not be responsible for any damage to the work not covered under Chestertown RiverArts’ existing insurance, and agree that this insurance only covers the cost of the materials and not the perceived value of the work.
- I agree that any other type of insurance for these works of art (i.e. perceived value) may be carried by me at my own discretion and cost.

Title	Medium	Price	Fee Paid