

CARROLL PUBLIC LIBRARY
EXHIBIT APPLICATION AND RELEASE FORM



Please fill out all the information and return it to the Circulation Desk.

Date _____

Requested Date to be Installed _____ Removal Date _____

Name of Artist/Group/Organization:

Address _____

Phone _____ Email _____

Name and Phone of Person Installing Exhibit (if different than above):

Type of Artwork or Exhibit Title: _____

Describe what will be displayed. Include number of items, medium, theme or content.

I (Please print) _____ agree to the following:

I acknowledge that my display may be damaged, lost, or stolen during the time it is exhibited and that it may be damaged during the unpacking, packing, and transportation to the Carroll Public Library. I understand the risk involved in displaying it in a public building and will not hold the Carroll Public Library responsible for any damages. I understand I am responsible for hanging and dismantling the exhibit and will coordinate the date and times with the Library Director. I understand the exhibit will be displayed for one month and will remove the exhibit on the date agreed upon.

I have read and understand the Carroll Public Library Art Display Policy.

Signature _____ Date _____

Approved by the Carroll Public Library Board of Trustees on March 17, 2025.