

Mental Health Month
"Pieces of Me"
ART EXHIBIT LIABILITY WAIVER

I, _____, understand and agree that the West Plains Council on the Arts, City of West Plains and Ozarks Healthcare Behavioral Health Center are allowing me/my student to display items at the West Plains Civic Center. A list of the submitted artwork/item(s) with their value has been provided for inventory purposes only and the work/items shall be displayed

From May 22, 2023 to May 31, 2023

- I understand neither the West Plains Council on the Arts, the City of West Plains, nor Ozarks Healthcare Behavioral Health Center shall assume any responsibility or obligation for any loss or damage to any item or items so displayed.
- I understand that the displayed item(s) are not and will not be covered under any insurance policy.
- I understand that I am solely responsible for insurance coverage for the item(s) being displayed, and the burden is on me to do so at my own cost.
- I agree that any artwork/item(s) shall be removed on the end date above, unless otherwise noted in a written agreement between myself and the Art Exhibit Coordinator (AEC). I understand that the items may be featured in an online art exhibit indefinitely.
- I understand that my art items will not be returned.

I authorize Ozarks Healthcare to photograph and display my child's artwork. I understand this picture may be displayed in public and social media. _____ (please initial)

Signature of Exhibitor

Date _____

Signature of Legal Guardian

Date _____

