



Farragut Arts Council

FEATURED ARTIST APPLICATION

Name _____ Medium _____

Address _____ City/Zip _____

Phone _____ Cell _____ Fax _____

Description of proposed exhibit (please attach three non-returnable photos):

General scale of work: _____

Artist background information (for use in press release – attach more if desired):

If selected as Artist of the Month, I will inspect the site where my property will be displayed and I will not display my art there unless I find it to be suitable. By participating in the Town of Farragut's Artist of the Month program, I acknowledge that all of my property kept or displayed on the premises of the Town of Farragut shall be at my sole risk. During the time of display, I shall have and bear all risks of loss or damage to my property. The Town of Farragut shall not be responsible to me or my agents or representatives for personal injury or damage to personal property caused by negligence of its officers or employees, water, fire, theft, vandalism, interruption of utilities, defects in the Town's premises, or for any casualty or other cause whatever. By signing below, I acknowledge that I have read, understand and agree to the foregoing and the Artist of the Month guidelines, presented with this application.

Signature _____ Date _____