



ArtSeed P.O. Box 29277, San Francisco, CA 94129-0277 Tel: 415-656-9849 email: josefa@artseed.org

ArtSeed Artwork Drop-off/Pick-up Form and Waiver

ArtSeed's online and actual annual exhibition title: *New Normal: Learning for the Past to Move Forward Together*

Exhibition dates: September 9 to October 9, (open Monday - Friday, 8:30 a.m. - 5 p.m.). Viewing by appointment only until Sept 9.

Where: China Brotsky & Seed Galleries at Tides Converge in the Presidio, 1007 General Kennedy Ave, San Francisco.

Opening Reception: Thursday, September 9, 5 p.m.–7 p.m.; **Closing Reception:** Saturday, October 9, 3 p.m.–5 p.m.

Artwork Identification and Submission Instructions:

Please complete the form below for attachment to the back of your artwork. You may save this top portion for your records.

Artwork pick-up Closing Reception, Saturday, October 9, at 5 p.m. or by appointment.

Contact: ArtSeed's Executive Director Josefa Vaughan at 415-656-9849

(Save this top portion for your records)

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Please fill out and check the requests for information below, attach this portion to back of work. Make additional copies of this form to fill out if submitting more than one work. Use the reverse to give us any more information or answer any other questions below.

____ I permit ArtSeed to reproduce my art for publicity purposes. My bio is enclosed ____ . I will send it later ____ .

I am interested in mentoring: ____ ; donating \$: ____ ; supplies: ____ ; guest presenting: ____ ; volunteering: ____ ;

other: _____ .

ArtSeed Liability Waiver:

I understand that by submission of any work to ArtSeed, I agree to waive any and all claims of every kind and nature against ArtSeed, Tides Inc., The Presidio Trust, Avison Young Management Services, Inc., and Tides Converge. Every precaution will be taken in processing and handling work and in providing safety for the art on display relative to its display context. I understand that ArtSeed does not provide insurance for displayed items and that the building is not climate controlled, some display areas will be unguarded and open to the public. I accept the risk of loss or damage to this art while it is with ArtSeed.

Signature: _____ Date: _____

Print First Name: _____ Last Name: _____

Address with city & zip code: _____

Phone: _____ Email: _____

Work Description	This is (number) ____ of ____ works entered.
Artist's full name: _____	
Size: _____ Medium: _____ Date: _____	
Related information (optional): _____	
Title of work: _____ Retail value: _____	
Check one: I donate all sale proceeds to ArtSeed ____ ; I retain 20% __, 30% __, 40% __, 50% __; or __ not for sale.	

Please write your name legibly and sign below at pick up or ask your designated person responsible for the artwork's return to write their name, relationship to you, and sign below beside your printed name.

Printed Name(s): _____ Signature: _____ Date: _____



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