Opera Hall Galleries Artist Agreement

Artist's Name: (Individual or Organization)			
Contact Person: (if Organization)			
Mailing Address:			
(street)	(city)	(state)	(zip)
Street Address:			
(street)	(city)	(state)	(zip)
Phone Number: E-i	Mail Address:		
Space to be Rented: Approximately 3 feet x 10 feet o Period of Rental: Month to month Purpose of Rental: Art display	if wall space		
"Opera Hall Galleries" refers to the property at 736 Ce	enter Street, Lewiston, New York 14092		
Rental Period This agreement is a non-terminating, monthly agreen Rental Terms One section of wall space 3' wide x 10'high on whi slightly. Gallery hours are Monday – closed, Tues thru Satu Monthly rental fee of \$25.00 is due on the first bus	ich to display your artwork. If the work is free-standir	ng, 3' square x 10' high. Spac	ces may vary
you cannot fulfill this obligation on your schedule		red by someone else.	
Not Included in your Rental Renter's/Tenant Insurance			
Release, Covenant Not To Sue, and Indemnification As an inducement for and in consideration for the une and holds harmless Lewiston Council on the Arts, the claims, actions, causes of action, liability (including liables) arising from or in any manner connected with the	ndersigned's rental of a space from Opera Hall Gallerice eir directors, officers, employees and agents from and ability for negligence), and expenses (including with	d against any and all injuries out limitation reasonable at	s, damages,
I have read and agree to the terms outlined in this	s agreement.		
Artist Signature		Date	

Date __

I am enclosing:

Opera Hall Galleries Representative ___

- \$25 check made payable to Lewiston Council on the Arts for first month's rent (November 2010)
- 5 images representative of the work I'll be showing in the Opera House Galleries.