

RISD Student Exhibition Form

Name: _____

Phone: _____

E-mail: _____

Exhibition Information:

Exhibition Title: _____ Start Date: _____

Location of Exhibition: _____ End Date: _____

Please enter label information for each work of art to be exhibited as one lot (i.e. one painting, or one pair of earrings). Make sure that all the information is accurate and appears as you want it to appear on the wall label. To avoid errors, please **print carefully** or type.

Artwork Label Information:

Title	Date Created	Materials	Measurements

PLEASE NOTE: NEITHER YOUR WORK NOR YOUR EQUIPMENT WILL BE INSURED

By signing below, you are acknowledging that you are exhibiting your work at your own risk, and releasing RISD, and their employees, from any and all liability for your work.

Signature: _____

Print Name: _____

Date: _____