LVAG Gallery Artist Inventory Gallery Exhibition May 25th to July 10, 2021 Date_______ 2021 Page____of______

Artist Name________________________________Phone#________________________Email____________________________________

Artwork Title Description / Item #	Price	Med.	Office Use Sku #	New or Existing	Qty	Art Size	Display Fee		Sold By	Sold Date	**Receipt #**	**Office Use**	
												Artist Paid	Seller Paid
Total Display Fee							$	Paid: Cash___Check___Charge___ Date_______					

Participant hereby releases, indemnifies and holds harmless LVAG, the Galleria at Sunset, their respective employees, volunteers, representatives, assignees, affiliated organizations, vendors and suppliers from any and all claims, losses, liabilities, demands, damages, theft or costs (including attorney's fees), and for any injury suffered before, during, or after the said exhibition or as a result of negligence, or failure to perform under this Agreement, or other acts, foreseen or unforeseen and howsoever caused, and for the Participant's work, equipment, and materials. Participant hereby releases LVAG and Galleria at Sunset from all actions, claims, demands that Participant, and Participant's Parties, and their respective assigns, heirs, legal representatives now have, or may hereafter acquire, for injury, death, damage to, or theft of personal property, equipment, or artwork. Participant is strongly encouraged to carry liability, personal injury, theft, and event interruption/cancellation insurance for Participant's materials, and the personal protection of Participant and the Participant Parties. **Hang at your own risk. Artists' who leave artwork past the exhibition will be charged a $5.00 per day storage fee and the artwork will become the property of the Las Vegas Artists' Guild after 30 days.**

I, the undersigned, have made application to the Las Vegas Artists' Guild to display and sell works of art from May 25th to July 10th, 2021 at the LVAG Gallery and agree with and shall abide by the rules and regulations as stated herein. ____ Date______________________