**Pharmacy Library Art Project Submission Form**

**The Artist**Name:   
  
Email:

Phone:  
  
 Student  Staff  Faculty  Alumni

**The Art**

Title:

Medium:

Dimensions (approximate):

Year completed:   
  
Preferred display period if more than 1 semester:

Please email an image of the artwork to [pharmacy.library@uwaterloo.ca](mailto:pharmacy.library@uwaterloo.ca)

**Release Agreement**

This release agreement is made at Kitchener, Ontario on this day, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

BETWEEN: School of Pharmacy Library

Faculty of Science

University of Waterloo

AND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, have received and read a copy of the *Library Art Project Policy and Guidelines* and agree to abide by all its rules and regulations.

I understand that in offering my work of art to be displaced in the School of Pharmacy Library, Faculty of Science, University of Waterloo, that I release the School of Pharmacy Library, its board and employees from any liability for injury or damages, or destruction, loss or theft of the item during period that the artwork is in the possession of the School of Pharmacy Library.   
  
As well:

I certify that I am the artist of the submitted work.

I understand that I retain copyright of my art.

I understand that the School of Pharmacy is not responsible for any damage/theft of my art.

If an observer expresses interest in purchasing my artwork, I permit the School of Pharmacy to provide him/her with my contact information.

Yes

No

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Signature (digital is acceptable) Date

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Representative of the School of Pharmacy Library Date

*Information from this form will be used to create an accompanying nameplate. All other information* *will be used for internal purposes only.*