



PORTFEST 2015 ARTIST SUBMISSION FORM

Name: _____ Tel: _____
Address: _____
Email: _____ Web Site: _____

- Yes! I will display one (1) piece of original artwork in the outdoor Art Tent at PortFest on May 16, 2015 between 11am and 5pm.**
- ✓ Maximum size in any dimension is 30"
 - ✓ 2D art should be provided ready to hang (with wire), and 3D art must come with it's own pedestal.
 - ✓ Drop off artwork at Schreiber HS field between 8am-10am on May 16, 2015
 - ✓ Pick up any unsold work between 5pm-6pm

ACTION REQUIRED:

To reserve your spot, you must return these two forms with an image of your artwork by **April 16, 2015** Email forms to: HeartsPW.Art@gmail.com or by mail to: **HEARTS of PW, PO Box 1192, Port Washington NY 11050, Attn: Artist Submissions**

Description of Work:

Title: _____ Size (WxH): _____ Date: _____
Medium: _____ Retail Price: _____

(Should exhibit of the art listed above lead to a sale, a 50% donation to HEARTS of PW is customary.)

- Yes! I would like to volunteer to do an art demonstration or lead an art experience. Here is a brief description of the demonstration I can do, including duration: _____

- Yes! I know it is encouraged for the artist to be present to engage the viewers about the work.
I will be at the Art Tent between _____ and _____.
- Yes! You can count on me to help hang the artwork at the Art Tent on Saturday, May 16th between 8am-10am.
- Yes! I would like to donate artwork for the Silent Auction. Please have the Auction Coordinator to contact me.
- Yes! I have my own tent and would like to set up my own art booth as a vendor. Please have the Vendor Coordinator contact me.
- Yes! I am interested in being a part of the Open Studios event in October 2015. Please have the event coordinator contact me.



PORTFEST 2015 ARTIST AGREEMENT

Agreement made this _____ day of _____, 2015 between HEARTS of Port Washington's PortFest Music, Art & Community Festival ("PortFest") and _____ ("Artist").

It is mutually agreed between the parties as follows:

- 1. Name of Exhibiting Artist:** _____
- 2. Name and Place of Exhibition:** PortFest 2015 Art Exhibition Tent on Schreiber High School South Field, One Campus Drive in Port Washington NY 11050
- 3. Date and Hours of Engagement:** Saturday, May 16, 2015, 11am to 5pm (*Rain or Shine*)
- 4. Time of Arrival:** Artwork to be Delivered by Artist to Art Exhibition Tent on Sat. May 16, 2015 bet. 8am - 10am
- 5. Time of Pick-Up:** Unsold Artwork to be picked up by Artist at the Art Exhibition Tent on Saturday, May 16, 2015 between 5pm and 6pm
- 6. Agreed Price:** No Charge
- 7. Cancellations:** Must not be made by either party less than 30 days prior to the date of exhibition
- 8. Selection:** Artist will provide sample images of proposed item(s) for exhibition by April 24, 2014 for selection and approval by PortFest art exhibition committee (Family-appropriate materials only)
- 9. Materials:** Artist will deliver all specified artwork and materials at the exhibition site unless otherwise specified.
- 10. Installation:** PortFest will provide all labor and materials to display artwork as needed.

The exhibiting Artist agrees to have agreed works delivered to a PortFest representative at the designated date, time and location. It is understood that HEARTS of PW and PortFest are not responsible for packaging or transportation. It is also understood that HEARTS of PW and PortFest are not responsible for possible damage incurred during the packaging, transportation and delivery of the work. Please provide the retail value of each price for appropriate pricing to be submitted to the Events committee for listing purposes. Should exhibit of the art listed above lead to a sale, a 50% donation to HEARTS of PW is customary.

Hold Harmless and Indemnity

Artist shall, through the signing of this document by an authorized party or agent, indemnify, hold harmless and defend HEARTS of Port Washington, PortFest, Port Washington Union Free School District and, the town of Port Washington and their agents and employees from all liability, judgments, suits, costs and actions, including attorneys' fees and all costs of litigation of every kind and description brought or rendered against said parties as a result of loss, damage, or injury to persons (including death) or property by reason of any act or failure to act by the Artist.

This constitutes the sole, complete and binding agreement between the parties hereto:

Name of Agent for HEARTS/PortFest

Artist Name

Signature of Agent for HEARTS/PortFest

Artist or Agent Signature

PO Box 1192

Address

Address

Port Washington, NY 11050-1192

City, State, Zip

City, State, Zip

(516) 472-2699

Telephone Number

Telephone Number