Prairie Arts Center (PAC)—416 N Jeffers, North Platte, NE Gallery Exhibit Application

Our priority is to showcase high-quality, original artwork and handcrafted items produced by regional artists and artisans.

Artist Name:			
Address: City:	State:		
Phone:	Oldle	Zip	
Email:			
Begin Date Ending Date:			
Gallery Entry Fee per piece \$5 (please enter number of pieces)		\$10	
		Total Payment Amount \$	
Will the exhibited art work be for sale If Yes, the Prairie Arts Center will ref be included in the price. The Prairie each sale. Tax will be remitted to the completion date.	tain a commission on all s Arts Center will collect th	sales of30%. The one posted sales price, plus appl	licable sales tax on
I hereby voluntarily assume the risk above facilities or participation in the upon said facilities, participating in s waive any claim against the Creativir its agents, servants and employees, aforementioned, regardless of wheth I HAVE READ AND FULLY UNDER AND WAIVE AND RELEASE ALL C	e above activities, which s aid activities or being trai ty Unlimited Arts Council, arising from said loss, in her such loss, injury or da STAND THE ABOVE AR	said loss, injury or damages are nsported therefrom or thereto. F /Prairie Arts Center, its corpora- jury or damage and do covenar image is caused in whole or in	e sustained while Further, I do hereby te sponsors, and nt not to sue the part by negligence.
Signature of Applicant		Date	_
Not Valid without PAC authorized ap	proval signature.		
Return to: Prairie Arts Center, 416 N	I.Jeffers, North Platte, NE	69101	
Please Print Title	Medium	Size	Price
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Please Print Title	Medium	Size	Price
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9.			
10.			

Prairie Arts Center (PAC)—416 N Jeffers, North Platte, NE (revised 3/2016) Gallery Reception Application (for use with Gallery Exhibit Application)

Guest Artist / Organization Name:			
If Organization, Applicant Name:		Title:	_
Address:			
City:	State:	Zip:	_
Home or Work Phone:			
Email:			-
College Decention Date:	Time		
Gallery Reception Date:		9:	
Approximate number expected for the reception	on:		
Please check all that apply:			

____I will be serving food at my event.

_____I will be serving alcohol at my event. I will use the PAC's bartender and services.

The Prairie Arts Center will provide tables and chairs and use of the kitchen for the reception. PAC does not provide tablecloths. All food and non-alcoholic beverages are the responsibility of the guest artist/organization.

1. Alcohol Served at Event. Alcohol must be served by the PAC's licenses bartender with a \$60 setup fee. Beverages served will be purchased through PAC. The renter and its guests agree to abide by Lincoln County and State of Nebraska liquor laws. The renter and it guests further agree not to serve any alcoholic beverages directly or indirectly to underage persons or adults disqualified from additional consumption. Guests must keep alcohol within the building and cease service one (1) hour before the end of the event. 2. Food & Caterers. Those wishing to provide their own food do so at their own risk and the Prairie Arts Center/Creativity Unlimited Arts Council will not be held liable.

I hereby voluntarily assume the risk of any loss, injury or damage which in any way arises out of the use of the above facilities or participation in the above activities, which said loss, injury or damages are sustained while upon said facilities, participating in said activities or being transported therefrom or thereto. Further, I do hereby waive any claim against the Creativity Unlimited Arts Council/Prairie Arts Center, its corporate sponsors, and its agents, servants and employees, arising from said loss, injury or damage and do covenant not to sue the aforementioned, regardless of whether such loss, injury or damage is caused in whole or in part by negligence. I HAVE READ AND FULLY UNDERSTAND THE ABOVE AREEMENT AND DISCLAIMER STATEMENT AND WAIVE AND RELEASE ALL CLAIMS.

Signature of Applicant	Date
Not Valid without PAC authorized	approval signature.
Return to: Prairie Arts Center, 41	6 N. Jeffers, North Platte, NE 69101

Executive Director Signature_____ Date Approved_____