

Menomonee Falls Public Library Exhibit and Display Application/Agreement

Organization Responsible for Display (if applicable): _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Title of Display: _____

Description of Display: _____

Proposed Dates of Exhibition (1 month maximum): _____

Approximate amount of art/display pieces: _____

The contact person named above shall be directly responsible for all the terms and conditions of this Application/Agreement. If an Organization is named above, the contact person and the Organization shall be jointly and severally responsible. The Contact person, together with the Organization—if any—is the “Exhibitor” as used herein. By signing this agreement, the Exhibitor agrees to the terms and conditions set in the Menomonee Falls Public Library Postings and Exhibits Policy. The Exhibitor shall indemnify and save harmless and agrees to accept tender of defense and to defend and pay any and all legal, accounting, consulting, engineering and other expenses relating to the defense of any claim asserted or imposed upon the Village of Menomonee Falls or the Menomonee Falls Public Library, or their respective officers, agents, employees and independent contractors growing out of this Application/Agreement or the related exhibit or display. The Exhibitor acknowledges that its use is not exclusive. Menomonee Falls Public Library reserves all rights regarding use and operation of the Library. This Application/Agreement may be terminated with or without notice by the Library.

In making this application, I attest that I have read and accept the terms and conditions of this application/agreement and the Library’s Postings and Display Policy.

Signature: _____

Print Name: _____

Return signed Application/Agreement to:

**Library Director, Menomonee Falls Public Library, W156 N8436 Pilgrim Rd.,
Menomonee Falls, WI 53051**

Note: The display is not authorized until this Application/Agreement has been reviewed and signed by the designated representative of Menomonee Falls Public Library.

For staff use only:

Approved by: _____ Date: _____