MISSION

The MCH Healing Arts Gallery has been established in the Fall of 2011 by a group of enthusiastic Staff, Artists and Volunteers forming the MCH Healing Arts Advisory Committee with plans for its inaugural launch to take place on June 22nd 2012. The purpose of the Gallery is to provide exhibitions of works of art that support a therapeutic and restorative experience for viewers in a healthcare setting and for the collection, development and acquisition of Fine Art.

ELIGIBILITY

Open to Artists working in most mediums. Special exhibitions will display the works of young artists.

ENTRY

A Call to Artists may be found on the MCH Healing Arts Gallery website from time to time for theme specific exhibitions. Follow entry instructions as noted.

On a rolling basis, a Letter of Intention along with several examples of work (3-5) in electronic image format (jpegs) (not to exceed 50KB each) are accepted. Please include Artist bio, Artist statement and current contact details. Submissions may be emailed to: LeeAnn.clark@mchmail.org.

Committee will review on a regular basis and Artist will be notified in due course if their work has been chosen for selection.

RESTRICTIONS

As the gallery is in a hospital setting, the ambiance of healing is important to the benefit of patients, their family and friends, staff, volunteers and healthcare practitioners, so must be reflected in the content of the works of art. If you need any advice or have any questions regarding the suitability of the content of your artwork in a hospital setting, please contact Amy Pfeil amypfeil70@hotmail.com and/or Lee Ann Clark at (603) 924-4699 x 1600, or via email at LeeAnn.clark@mchmail.org for guidance.

Works must be suitable in size and content for the gallery.
**ACCEPTED WORK**

Only pieces that have been submitted for final review will be considered for display.

**DELIVERY AND COLLECTION**

Selected Artists are fully responsible for the delivery of their work to and from the MCH Healing Art Gallery in ready to hang/display/sellable condition. It is necessary for Artist to deliver artworks a week prior to the launch of the exhibition.

Artist is responsible to provide a complete Inventory/Price list, Resume, and Artist’s Statement prior to or at the time of delivery. Each work of art will be labeled on the bottom or back with Artist’s name, title of work, medium, size and price.

The hospital does not have storage capacity to save boxes or materials that artwork is delivered in, nor will it be responsible for packing and shipping artwork to an Artist or purchaser. Artist will be responsible to collect unsold artworks within four days of striking of exhibition. Purchasers will be contacted by a representative from the Philanthropy Office for collection.

**ARTIST PROCEEDS**

Artist will accept 100% of proceeds for artwork sold and will donate 30% of proceeds received to Monadnock Community Hospital for further support and development of initiatives of the Healing Arts Advisory Committee.

**INSURANCE**

The Artist is fully responsible for any insurance of his/her work during transit as well as exhibition.

The artist understands the Hospital cannot be responsible for protecting the art work. Thus before delivering any art for display will sign and give to the Hospital the Hospital’s Assumption of Risks, Release and Waiver of Liability Agreement attached. This must be done one (1) week prior to delivery of art.

**AGREEMENT**

Submitting an entry to this event constitutes an agreement with all conditions.

ARTIST SIGNATURE: ____________________________ DATE: ____________________

THANK YOU FOR YOUR INTEREST IN EXHIBITING AT THE MCH HEALING ARTS GALLERY.
**SHIPPING/INQUIRIES**

Monadnock Community Hospital  
Attn: Lee Ann Clark  
Community Relations  
452 Old Street Road  
Peterborough, NH 03458

At least one week prior to the exhibition launch date, please include the completed **Inventory/Price list** below at time of artwork delivery, and provide by mail or email your **Bio, Artist's statement and Guest List** to the address above.

**ARTIST INFORMATION**

<table>
<thead>
<tr>
<th>ARTIST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>TELEPHONE / DAY</td>
<td>TELEPHONE / EVENING</td>
</tr>
<tr>
<td>EMAIL</td>
<td></td>
</tr>
<tr>
<td>WEBSITE</td>
<td></td>
</tr>
</tbody>
</table>
MONADNOCK COMMUNITY HOSPITAL
ASSUMPTION OF RISKS, RELEASE AND WAIVER OF LIABILITY
AGREEMENT

By signing this Agreement, you will waive certain legal rights, including the right to sue or to claim compensation following a loss or damage to property.

***Please read carefully***

ARTWORK EXHIBITOR INFORMATION:

Name: Last                        First                                                Middle Initial

Address: Street          City             State                 Zip Code

Date of Birth: Month/Day/Year           Telephone No.

In exchange for permission to exhibit Artwork on Monadnock Community Hospital property, I (the “Exhibitor”) agree to the following. For purposes of this Agreement, the capitalized term “Hospital” includes Monadnock Community Hospital and its directors, officers, employees, agents, independent contractors, subcontractors, successors, assigns, and representatives.

ASSUMPTION OF RISK:

I am electing to exhibit Artwork at my own risk. I understand and acknowledge that the Hospital will not assume any responsibility for any loss or damage to the Artwork no matter how sustained; that the Hospital does not guarantee the security of the Artwork; and that damage, theft or destruction of the Artwork is possible. I understand and acknowledge that exhibiting the Artwork in a busy hospital environment may subject the Artwork to many risks and hazards, foreseen or unforeseen, including but not limited to: theft, destruction, improper maintenance, recklessness or negligence of invitees of the Hospital, and NEGLIGENCE on the part of the Hospital, including the Hospital’s failure to take reasonable steps to safeguard or protect the Artwork from such risks and hazards.

I acknowledge, accept and fully assume any and all risks, losses, and hazards, including the possibility of damage to or loss of the Artwork, and any and all related costs or expenses, even if due to the Hospital’s negligence.

RELEASE AND WAIVER OF LIABILITY:

I further agree not to sue the Hospital for any damage to or loss of the Artwork. I waive any and all claims that I have or may have in the future against the Hospital, and release the Hospital from any and all liability for any and all loss, damage, harm, expense, theft or destruction of the Artwork, even if due to the Hospital’s negligence.

This Agreement shall be binding on my heirs, executors, administrators and assigns.

By signing below, I acknowledge that I have read, that I understand and that I agree to the terms of this Agreement.

Signature of Exhibitor     Date:

*Signature of Parent/Guardian,    Date:

* On behalf of Exhibitor if under 18

Parent/Guardian of the Exhibitor,

I acknowledge that I have read the Agreement and agree to be bound by its terms. I specifically agree to indemnify, defend and hold harmless the Hospital for any loss, damage, harm, or destruction of the Artwork, which may arise out of the above named minor’s exhibition of Artwork, even if due to the Hospital’s Negligence.