



Participant # _____

Penrose Hospital Associate Art Show

Name: _____

Address: _____

Work Location: _____

Department/Shift: _____ Phone: _____

Type of Art Showing: _____

This art show will be an opportunity for Penrose associates, physicians and volunteers to showcase their artistic/creative side. In accordance with PSF policies, no inappropriate items will be accepted for the show. To that end, all entries will be evaluated prior to the beginning of the show. Associates will be responsible for assembling/displaying their art. PSF will provide tables for display. Artists will not be permitted to hang items on the walls with tape or tacking device of any kind. Once the show is completed, artists will remove their art.

Initial _____

Penrose Hospital accepts no liability for the art products presented AS IS, without warranties of any kind, or for the consequences of any actions taken.

Initial _____

If the associate is interested in selling his/her art, arrangements must be made to make those types of transactions off-site. There will be no sales on-site before, during or after the show.

Initial _____

Each artist who shows work in the 2011 Penrose Art Show will be required to **donate 2 hours** of his/her time to oversee the Art Show in the Penrose cafeteria. A schedule will be made available for sign-up. Hours will be based upon remaining time that cannot be covered by PH Volunteers.

Initial _____

Signature _____

Date _____

