

Hancock County Arts Twenty North Gallery Agreement

This Agreement is made and entered beginning _____ day of _____, **2025**, through _____ day of _____, **2025**, between Artist _____, and the Hancock County Arts Council located at 20A North State Street, Greenfield, Indiana.

SCOPE OF THE GALLERY

- A. The Artist appoints the Gallery to act as artist's exclusive agent for the exhibition and sales of artworks in Gallery.
- B. The Gallery shall document receipt of all works consigned hereunder by signing and returning to the Artist a Record of Consignment.

EXHIBITIONS

- A. All pieces in the show must remain in the Gallery for the duration of the term.
- B. The Artist shall include a comprehensive list of all works in the exhibition within the Gallery.
- C. The Gallery will maintain the following hours of operation during the exhibition: Thursdays, Fridays and Saturdays from 11 am – 2 pm. The Gallery will open on the Second Friday from 6:30-8:30 pm ET, which time may be used for an Artist reception.
- D. Both the Gallery and the Artist have the right to photograph the work and share for promotional and advertising purposes.
- E. The Gallery will promote the artist locally.
- F. The Artist has artistic control over the exhibition and the artwork; however, the Gallery may decline to display any individual piece on any grounds.

COMMISSIONS, PRICES, AND PAYMENTS

- A. The Gallery will assume all ownership of monetary transactions related to sales of the artwork in the exhibition.
- B. The Gallery will retain **30%** commission on the retail price of each sold piece.
- C. For each sale, the Gallery shall list the date of sale, price, the name, address, and phone of purchaser.
- D. The Gallery shall pay the Artist all proceeds due to the Artist within thirty days of the last day of the Term.

LOSS OR DAMAGE

- A. The Gallery will do everything within ordinary care to protect the artwork in the exhibition. However, the Gallery assumes no responsibility for loss or damage to the artwork.

SIGNATURES:

Date _____

Artist Signature _____ Guardian _____ Phone _____

Print Name _____ Email _____

Address _____

Gallery Signature _____ Date _____

Print Name _____ Title _____

RECEIPT of the following works of art on consignment:

Title	Medium	Purchase Price	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upon Pick up: I agree that the artwork that I am picking up is in the same condition as when it was delivered. Artist Initials _____

Artwork Picked Up DATE _____ Gallery Initials _____