

Illuminations Artwork Submission Packet

- **Artist Agreement**
- **Artist Consent**
 - **Prospectus**
- **Artist Statement**

Fill out and return this packet with .jpeg of your art and send via Dropbox or email to:

illuminations@partners.org

ARTIST AGREEMENT AND PARTICIPATION RESPONSIBILITIES

This agreement outlines the responsibilities of the participating Artist and the MGH Cancer Center in regard to the Illuminations Program. As a participating Artist, please read this document and sign your initials on the lines to the left of the statements.

FRAMING:

_____ Artwork must be appropriately framed, by the Artist, including:

- i. A **wire backing** on the back of each piece to be exhibited, to accommodate the hospital hanging system.
- ii. With the safety of our patients and your work in mind, each piece must have a sturdy and professional frame to ensure that there is no risk of artwork falling off the walls; finished edges are acceptable for paintings on canvas.
- iii. The Cancer Center does not assume liability for damage or loss nor will incur the cost of repairing or reframing artwork in the Illuminations exhibit.

DELIVERY AND RETRIEVAL:

_____ The Artist is **fully** responsible for the delivery of his/her work **to and from** the Cancer Center.

- The Cancer Center does not have storage capacity to save boxes or materials that artwork is delivered in. On the occasion when the Cancer Center agrees to ship artwork to an artist who doesn't reside in the New England area, the Cancer Center will not be liable for any damage or loss of the artwork.

INSURANCE:

_____ The Artist is **fully** responsible for any insurance of his/her work during transit, as well as before, during, and after the Illuminations exhibit.

- While utmost care is given to all entries, the Cancer Center does not assume liability for damage or loss before, during or after the exhibition.

DISPLAY LOCATIONS:

_____ The Artist understands there is the potential for artwork to be displayed at the Cancer Center's sites in: Danvers, MA, Concord, MA, or Boston, MA.

By signing your initials above and your signature below, you agree to all of the terms and conditions listed on this agreement. A copy of this signed document will be kept on file at the Cancer Center.

Artist

Date

Cancer Center Administration

Date

Consent Form

Consent To:

(Please check as many as apply)

Audio Recordings

Live Broadcast

Electronic Images

Motion Pictures

Graphics

Photographs

Summary: *This form says that you give your permission for the work mentioned above to be used royalty free in the format(s) listed above.*

In the interest of promoting the hospital and/or informing the public concerning activities at the hospital or for medical, educational, marketing, or scientific purposes, I consent to have my artwork used in the following: audio recordings, the taking of motion pictures, videotape recording, or photographs, electronic images as indicated above authorize this under the following conditions:

1. The photographs, electronic images, motion pictures or recordings shall be used for publicity, education or science; such photographs and information relating to my case may be published and republished, exhibited either separately or in connection with each other, in a professional journals or medical book, used in the institution's internal or external website, or used for any other purpose deemed proper in the interest of medical education, knowledge, research or to promote activities at the hospital in the news media provided, however, that it is specifically understood that in any such publication or use, I shall not be identified by name without my consent below. I grant this consent as a voluntary contribution in the interest of medical education and knowledge, or to promote the hospital.
2. I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising or other showing of these films, electronic images, tapes, or photographs, regardless of whether such exhibition, televising or other showing is under philanthropic, commercial, institutional, or private sponsorship, and regardless of whether a fee of admission or film rental is charged.
3. I understand that photographs, electronic images, films, or tapes may be edited, modified, or retouched for artistic purposes to withhold identity or for other graphic production reasons which may or may not be within the hospital's control.
4. I _____ consent to be identified in the film, Photography, videotape, or audio recordings. **(Insert "do" or "do not")**

Your Signature

Print Your Name

Date

Name:

Email Address:

Cell Phone Number:

Postal Address:

Please complete the Entry Form below. Do not use columns or an excel spreadsheet. Be sure you have saved the entry form to your computer prior to filling it out. Please include an artist’s statement of 150 words or less and (optional) resume. Email to illuminations@partners.org.

- Please be sure the **image size** of each piece is at least 16” x 20” and no greater than 42” in height.
- Is artwork gallery wrapped? (*check one*) Yes No
 If framed, please indicate both image size and (approximate) framed size for each piece submitted.

NO.	TITLE	MEDIUM	HxW of image/framed size of piece
<i>Sample</i>	<i>Marsh at Dawn</i>	<i>Digital Photography</i>	<i>16"x20" / 24"x30"</i>
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Thank you for your submission to Illuminations!

Artist Statement (150 words or less):