

Doylestown Hospital Artwork Loan Agreement

THIS AGREEMENT is made and entered into this _____ day of _____ 20____ by and between Doylestown Hospital, and _____ (ARTIST). Please give us your email address and telephone number for communicating best with you:

WITNESSETH:

Doylestown Hospital, for the purposes of aesthetics, and enjoyment for all community members, patients and their families visiting the campus, promotes public art through the display of art pieces throughout Doylestown Hospital, including the area known as the “Artwalk”, an area between the parking garage and the main building of Doylestown Hospital.

It is the ARTIST’S wish to loan to Doylestown Hospital the artwork specifically identified below to be displayed for a period of time not to exceed _____, from the date of this agreement. Sign Information to be displayed on a card with your artwork for further future contact, i.e., possible sale (NAME, EMAIL ADDRESS, WEBSITE, TELEPHONE NUMBER):

Describe Artwork Here (Size, Medium, Content)

The parties agree and understand as follows:

1. Loan of artwork – Doylestown Hospital allows ARTIST to display the aforementioned artwork for the above mentioned length of time.
2. Doylestown Hospital in its sole discretion, will decide whether to accept any particular piece of artwork for public display in Doylestown Hospital and to decide how long such artwork will remain in public display.
3. It is also understood and agreed by the parties that it is the exclusive decision of Doylestown Hospital as to where such artwork will be displayed.
4. ARTIST will be responsible for transporting the artwork to and from Doylestown Hospital and Doylestown Hospital will arrange for hanging, installation or placing the artwork in an appropriate location.

5. It is expressly understood and agreed by both parties that Doylestown Hospital provides absolutely no insurance for the aforementioned artwork and ARTIST understands that Doylestown Hospital does not carry and will not carry any policy of insurance or other instrument to cover the works of art or any associated framing or instrumentalities associated with the art.
6. ARTIST expressly understands and agrees that Doylestown Hospital, its associates, officers, employees, agents, or volunteers, are not responsible for any damage to, loss, or theft of the artwork at any time and regardless of the cause or type of damage or loss that is incurred. The parties agree that Doylestown Hospital makes no guarantees or warranties of any agreement to indemnify the artist in the event of any damage, loss or theft of the artwork, regardless of fault.
7. The parties agree that under no circumstances, will Doylestown Hospital, or its associates, officers, employees, be held responsible for any loss of, theft or damage to the artwork.
8. ARTIST shall defend, indemnify, save and hold harmless Doylestown Hospital, its officers, agents, employees and volunteers from any claims, suits or actions of every name, kind, or description brought forth, on or account of, injuries or death of any person or damage to property, resulting from or arising out of artists loaning of the artwork, or the artwork itself. The parties intend that this provision shall be broadly construed.

It is expressly understood and agreed by the ARTIST that they have read this agreement, understand its contents, and have had an opportunity to ask, and have answered, any questions or concerns they have regarding it.

Drop Off:

ARTIST	Date
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DOYLESTOWN HOSPITAL	Date
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Pick Up:

ARTIST	Date
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DOYLESTOWN HOSPITAL	Date
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1/10; 03/22; 1/24