

ART EXHIBIT AGREEMENT FORM

To: RMAS - Insurance Department
1033 Massachusetts Avenue, Suite 360
Cambridge, MA 02138

From:

Please find listed below the works that I own and will be exhibiting at _____ for the period _____ through _____.

This insurance becomes effective when the work is deposited and is effective until the work is claimed.

<u>Title or description of Work</u>	<u>\$ Value</u>
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Total: _____

I understand that President & Fellows of Harvard College will insure these works at the values shown and I release and hold harmless President & Fellows of Harvard College from and against any claim for loss or damage to the said works from whatsoever cause except to the extent recoverable pursuant to such insurance.

I understand that the foregoing release may invalidate any insurance I have purchased on the said works unless a waiver of subrogation is granted by my insurer and I agree to obtain such a waiver if I have applicable insurance.

Owner's Signature _____

Date _____

College Representative _____

RETURN COMPLETED FORM TO:
RMAS – Insurance Department
1033 Massachusetts Avenue – Suite 360
Cambridge, MA 02138
Tel: (617) 496-8635 – Fax: (617) 496-0505