

**NEWNAN-COWETA ART ASSOCIATION JURIED MEMBER ART EXHIBIT - XVI - 2023  
ENTRY APPLICATION (DEADLINE: SATURDAY, MAY 6, 2023)**

**ARTIST INFORMATION - Please print neatly, fill out completely**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mail to:  
Fred Buyarski  
NCAA Juried Member Art Exhibit  
6 Pear Ct.  
Sharpsburg, GA 30277

**ENTRY INFORMATION - Please print neatly, fill out completely**

Entry A: TITLE: \_\_\_\_\_

PRICE: \_\_\_\_\_ SIZE (W" x L"): \_\_\_\_\_ MEDIUM: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

ENTRY NUMBER: _____	OFFICIAL USE ONLY ACCEPTED: _____	DECLINED: _____
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Entry B: TITLE: \_\_\_\_\_

PRICE: \_\_\_\_\_ SIZE (W" x L"): \_\_\_\_\_ MEDIUM: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

ENTRY NUMBER: _____	OFFICIAL USE ONLY ACCEPTED: _____	DECLINED: _____
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Entry C: TITLE: \_\_\_\_\_

PRICE: \_\_\_\_\_ SIZE (W" x L"): \_\_\_\_\_ MEDIUM: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

ENTRY NUMBER: _____	OFFICIAL USE ONLY ACCEPTED: _____	DECLINED: _____
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**SIGNATURE AND STATEMENT OF LIABILITY -Please read, sign, and date.**

Statement of Liability: All reasonable precautions will be taken to ensure protection of entries while on exhibit. The Newnan-Coweta Art Association, Inc. ("NCAA") and The Donald W. Nixon Centre for Performing and Visual Arts ("the Centre") assume no liability expressed or implied for entries exhibited at the Centre. Artist further warrants and represents that he\she owns the copyright to such entries, that the entries do not infringe the copyrights, trademarks, right of privacy or publicity or any other rights of any third parties, and of any other person.

Artists hereby indemnify and hold NCAA and the Centre harmless for any claims arising from the exhibition and/or sale of such works in violation of the above warrants. The Centre and NCAA reserve the right to photograph entries for publicity purposes.

I accept and agree to this Statement of Liability.

ARTIST'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_