emplify

HEALTH

by Gundersen

Community Art Wall

APPLICATION

Community Art Wall
Terms and Conditions

OVERVIEW
1. Emplify Health by Gundersen Boscobel [the “Hospital”] is committed to enriching every life, so has a designated exhibit space (Community Art Wall) near the E.R. entrance to display and promote the work of local artists. The space is part of an ongoing community wellness campaign and is subject to the same policies as all other locations in the Hospital. The Community Relations department will spearhead this project.
2. The aim of the Community Art Wall (the “Exhibit Space”) is to promote local artists and the pursuit of visual arts as a healing practice.

ELIGIBILITY
1. The Exhibit Space is available to community organizations, schools and individuals engaged in the creation of two-dimensional visual arts.
2. Exhibitors must reside in the service area as determined by Hospital Administration.
3. There is no age limit for exhibitors; however, exhibitors under the age of 18 must have the application completed by their parent/legal guardian or teacher (in the event of a school exhibition).

APPLICATION
1. A Call for Artists with accompanying Application will be issued once per year and four artists/organizations will be chosen to display throughout the year, three months each.
2. Applications must include 5 examples of work.
3. No fees will be charged to use the Exhibit Space.
4. All exhibits must be approved by Gundersen Boscobel Area Hospital and Clinics.
5. Since the Hospital sees many visitors of all ages, exhibits must be suitable for everyone. Subjects that are prohibited include, but are not limited to, nudity, profanity, political propaganda, adult themes, or anything that may cause undue distress for hospital visitors.

6. Successful applicants will be notified via e-mail and given dates for when their exhibit period will start and end. Installation will be scheduled in advance and is expected to be completed by the agreed-upon date. Likewise, removal will be scheduled and is also expected to be completed as agreed. A member of the Community Relations department will be available to assist with installation and removal.

LIABILITY

1. The Hospital does not assume responsibility or liability for any work exhibited. Further, each individual artist or organization is responsible for their own insurance coverage of the exhibit, if needed.
2. Each exhibitor is responsible for the installation and removal of the exhibit at the time and in the manner specified when the exhibit is scheduled.
3. Exhibitors will assume responsibility for any damage to Hospital property resulting from their display/use of hospital facilities including the possible assessment of charges.

EXHIBITING

1. The Hospital may publicize exhibits but is not obligated to do so.
2. To comply with state regulations, the exhibit is restricted to a maximum of 20% of the wall surface (38 sq ft available of the 190 sq ft wall) (70.3 sq ft available of the 351.5 sq ft wall). It is expected that artists thoughtfully and tastefully fill this space and that it not be sparse or overly crowded.
3. The Community Art Wall includes a hanging rail system. Art must be hung using this system. Please feel free to schedule a visit in advance of either application or installation to see if this system is suitable for your proposed display.
4. The Hospital will provide signage on both ends of the display to give the artist(s) credit. Information for that signage will be taken from the Application, so please make sure it is accurate.
5. No sales. Due to the hospital's no-solicitation policy, artwork displayed on the community art wall must not be priced and cannot be sold to the general public during the exhibition. Instead, contact info of each artist will be made available to the general public.

CANCELLATION

1. The Hospital reserves the right to cancel an exhibit for any or no reason.

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Application

CONTACT INFO

Name _____

Address _____

City/State/Zip _____

Telephone _____

E-mail address _____

Website/Facebook page _____

Art medium (Oils, watercolor, acrylics, etc...)

Any other information you'd like considered for signage and/or publicity purposes: _____

I have read and agree to the terms and conditions of the program.

_____ _____

Artist's signature **Date**

Please provide an artist's bio and description of work.
(who you are, what you do, your passions, any personal touches/hobbies/facts, etc.)

Examples of work

Please include at least five images of your work. These must be submitted electronically with your completed application form. Accepted file types: .jpg, .png, .gif, .tif. Minimum file size: 2,000px on the smallest size.

Submit your application

Please email this completed application form along with five images of your work to lydia.mclimans@emplifyhealth.org