



It is mutually understood and agreed that I, _____, have knowingly and willingly chosen to exclude my embroidery pieces from the coverage afforded the EGA, its regions, its chapters, and its members for the exhibition located at the Glenn H. Curtiss Museum, Hammondsport, NY for the period of September 15 through November 15, 2010. I hereby acknowledge my awareness that coverage for my embroidery pieces is available under the EGA national insurance program, but I have voluntarily chosen not to complete the Individual Appraisal of Fine Arts form, which needs to be completed no less than five (5) days prior to the first day of the exhibition period listed above, thereby voluntarily excluding any and all of my exhibited pieces of embroidery from the coverage offered under the EGA national insurance program.

EITHER THIS FORM, OR THE INDIVIDUAL APPRAISAL OF FINE ARTS FORM, MUST BE FILLED OUT FOR EACH PIECE. IF THE FORM IS NOT RETURNED TO THE EXHIBIT CHAIRMAN OR INCLUDED WITH THE PIECE, IT WILL BE RETURNED IMMEDIATELY ON RECEIPT. THE DESIGNER'S NAME MUST BE INCLUDED. 2/07

Title of piece: _____

Designer's Name: _____

Technique(s): _____

Stitched by (if different than exhibitor) _____

- This is a/n
- Original design by above mentioned designer.
 - My adaptation of an original design by above mentioned designer.
 - From a class, correspondence course, seminar or workshop (please circle one) by above mentioned designer.
 - A commercial kit by above mentioned designer.

Signed this _____ day of _____, 20 _____

Member/exhibitor Signature _____

Chapter Name _____

Please mail or give form to: Katie Tomlinson, 5224 Skyline Drive, Keuka Park, NY 14478 by August 15, 2010.