



ArtSeed P.O. Box 29277, San Francisco, CA 94129-0277, Tel: 415-656-9849, email: josefa@artseed.org

ArtSeed Artwork Submission Form and Waiver

About Face, Opening Reception 3-5 pm, Saturday, July 12, 2025.

Closing Reception, 5-7 pm, Wednesday, September 24, 2025.

Open Weekdays, 8 a.m. – 2:30 p.m. or **by appointment: josefa@artseed.org or 415-656-9849.**

Where: China Brotsky & Seed Galleries, Presidio’s Tides Converge, 1012 Torney Ave, San Francisco.

Artwork Identification and Submission Instructions:

Please complete the individual boxed forms below (one for each work submitted) for our records. Copy each boxed form or fill out a duplicate to attach to the back of your artwork to aid in exhibition labeling. You may save this top portion for your records.

Drop-off artwork by appointment Friday, June 20 – Friday, June 27

Pick-up artwork after 7pm Wednesday, September 24, or by appointment.

Contact josefa@artseed.org or call/text 415-656-9849.

(Save this top portion for your records)

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Please fill out and check the requests for information below and attach duplicate artwork descriptions to back of your work. Fill out one box for each work submitted. Feel free to attach additional information (Bio, artist statement, etc...) or write suggestions for hanging, etc...on the back of this form.

____ I permit ArtSeed to reproduce my art for publicity purposes. My bio is enclosed ____ . I will send it later ____ .

I am interested in mentoring: ____ ; donating \$: ____ ; supplies: ____ ; guest presenting: ____ ; volunteering: ____ ; other: _____ .

ArtSeed Liability Waiver:

I understand that by submission of any work to ArtSeed, I agree to waive any and all claims of every kind and nature against ArtSeed, Tides Inc., The Presidio Trust, Avison Young Management Services, Inc., and Tides Converge. Every precaution will be taken in processing and handling work and in providing safety for the art on display relative to its display context. I understand that ArtSeed does not provide insurance for displayed items and that the building is not climate controlled, some display areas will be unguarded and open to the public. I accept the risk of loss or damage to this art while it is with ArtSeed.

Signature: _____ Date: _____

Print First Name: _____ Last Name: _____

Address with city & zip code: _____

Phone: _____ Email: _____

| Work Description | This is (number) ____ of ____ works entered. |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Artist’s full name: _____ | |
| Size: _____ Medium: _____ Date: _____ | |
| Related information (optional): _____ | |
| Title of work: _____ Retail value: _____ | |
| Check one: I donate all sale proceeds to ArtSeed ____ ; I retain 20% __, 30% __, 50% __, Other __, or __ no sale. | |

Please write your name legibly and sign below at pick up or ask your designated person responsible for the artwork’s return to write their name, relationship to you, and sign below beside your printed name.

Printed Name(s): _____ Signature: _____ Date: _____



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