



# The Embroiderers' Guild of America, Inc

## Waiver of Appraisal of Fine Arts Form

Form 3

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 \_\_\_\_\_ for the period \_\_\_\_\_. 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**

<p><b>Title of Piece:</b> _____</p> <p><b>Designer's Name:</b> _____</p> <p><b>Technique:</b> _____</p>
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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_  
(Member/Exhibitor)

Chapter Name \_\_\_\_\_