City of Coral Gables • Community Recreation

Annual Dr. William Schiff Art Show 2026

A City of Coral Gables Event

Artist Entry Form

ENTRY FORM DUE DATE: NOVEMBER 7, 2026 **ART SHOW DATE: NOV. 13, 2026**

Name (Print): _____ **Age:** _____ ☐ **Resident** ☐ **Non-Resident**

Email: _____ **Phone:** _____

Address: _____ **Zip:** _____

Your Entry Category (Check one): Artwork is not to exceed 30" x 30"

☐ **Acrylic**	☐ **Glass**	☐ **Wood**	☐ **Photography**
☐ **Ceramics**	☐ **Metal**	☐ **Mixed Media**	☐ **Watercolor**
☐ **Drawing**	☐ **Fiber / Textile**	☐ **Oil**	☐ **Painting**

Categories are subject to change based on submissions!

Title of Piece: _____

Year Completed: _____

Dimensions of Piece: _____

Medium Used: _____

Separate entry form required for each entry

Max: 3 entries

Please send completed form to:

Coral Gables Adult Activity Center 2 Andalusia Avenue, Coral Gables, FL 33134 ***or*** *via email to AACstaff@coralgables.com*

Application Deadline: November 7, 2026

How It Works

1. **Submit your entry form(s)**
   You will need to fill out an entry form for each piece you will submit. *Max 3. Deadline: Nov. 7, 2026*
2. **Artwork Dropoff**
   Drop off your artwork at the center between *Nov. 4–10. Ensure all pieces are clearly labeled on the back.*
3. **Attend the show**
   Join us and see your work on display on Friday, Nov. 13, 6 - 9 p.m., *at The Palace*
4. **Artwork Pickup**
   Artwork must be picked up between *Nov. 16–18. Please bring identification and your receipt.*

Winning artwork from any of our previous Art Shows are ineligible for submission in the 2026 Art Show.

More Information: 305-461-6765 | AACstaff@CoralGables.com

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Insurance The City of Coral Gables is unable to provide insurance coverage on submitted artwork. If you would like insurance for your work, you will need to do so through your personal insurance.

Artwork Release

I understand that any art displayed may be photographed and digitally reproduced by the City of Coral Gables and individuals and agencies outside of the City.

Efforts will be made to treat all artwork with respect and reasonable care. However, I release the City of Coral Gables from all claims related to my artwork while in its possession. I understand that my artwork is subject to be displayed depending on the space.

I certify that I was 50 years of age or older at the time this work was completed and that I am a member of the Coral Gables Adult Activity Center. I will deliver my artwork in display form. I will pick up my art on Monday, Nov. 16 - Wednesday, Nov. 18 between 9 a.m. - 4 p.m.

City of Coral Gables Indemnification

For and in consideration of the City of Coral Gables consent to allow the Applicant to participate in the Annual Dr. William Schiff Senior Art Show, the Applicant agrees as follows:

The Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suites, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Permit Applicant or any of the participants as outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term of termination of this contract, however terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of section §768.28, Florida Statutes.

Applicant Signature: _____ Date: _____

_____

Print Name: Title of the piece:

TO BE COMPLETED BY STAFF ONLY **Approved? Yes ☐ No ☐**

Date Received: _____ **Reviewed by:** _____

Approved by: _____ **Date:** _____

Application Deadline: November 7, 2026
For additional information call: 305-461-6765

Spaces are limited!
Register soon!

AMERICA 250 CORAL GABLES