

**Bed Turning Quilt Waiver Form**

I understand that by signing this waiver below, I agree with the following policy and procedure for entering my quilt(s) into the “Bed Turning” at the Wilkes County Annual Quilt Show.

* My quilt(s) must be brought to the Show and picked up after the Show by a current Wilkes County Quilt Guild member.
* I acknowledge that the Wilkes County Quilters, Inc. (WCQ), have no insurance on the quilt(s) and, neither the WCQ nor the Stone Center will be held responsible for the quilt(s).
* The quilt(s) I submit is (are) at least 40 years old.
* The Quilt Show Chairperson and the Bed Turning Chairperson reserve the right to either accept or reject any quilt for the show.
* My quilt(s) for the Bed Turning must be accompanied by the designated registration form(s) for each quilt. (Copies of the form(s) are permitted.)

Wilkes County Quilt Guild Member bringing the quilt(s) to the show is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner of quilt(s) agreeing to the policy and procedures above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many quilts are you submitting for the Bed Turning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include a brief description of each quilt below or on the back (Include: colors, pattern, and size):

**Two (2) copies of this form must be signed. One copy is for the owner and one copy is for the Wilkes County Quilt Guild.**

This Waiver received by WCQ member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_

**2024 Quilt Show: Quilts must be brought to the Quilt Show with this form between 8:00-10:00 a.m. on Thursday, September 5th. Quilts must be picked up Saturday, September 7th, 4:15-5:00 p.m.**