

BOWLING GREEN STATE UNIVERSITY SCHOOL OF ART
Saturday Art Youth Program

Email: saturdayart@bgsu.edu
Fax: 419-372-2544
Mail: Bowling Green State University
School of Art Fine Arts Center ATTN: Shari Densel
Bowling Green, Ohio 43403

CONSENT AND LIABILITY RELEASE AGREEMENT

STUDENT INFORMATION

NAME _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____

PARENT/GUARDIAN INFORMATION:

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____
TELEPHONE _____ EMAIL _____

1. I desire to have my student _____(Name), participate in the BGSU **Saturday Art Youth Program** to be held from _____ to _____ (date of Sessions/Activity). I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity. These dangers and risks can result in injury to my student.
2. Knowing the dangers, hazards, and risks of the Activity, and in consideration of permitting my student to participate in the Activity, on behave of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my student's participation in the Activity and all related matters, and on behalf of myself and for each of the foregoing, I hereby release, waive, and forever discharge the State of Ohio, Bowling Green State University, and its governing board, officers, agents, employees and any students acting as employees or volunteers ("Releasees") from and against any and all claims, demands, actions, causes of action, cost, and expenses of any nature that I or my family, heirs, and personal representative(s) may now have or subsequently have, related to any loss, damage, or injury that may be sustained by my student arising out of the Activity.
3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
4. I further state that there are no health-related reasons or problems which preclude or restrict my student's participation in the Activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to my student.
5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document of my own free act and deed.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS.
READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: _____ Date: _____

Print Name: _____

Photographs and videos are periodically taken of participants during the Activity. Please be aware that these photographs may be used for student teacher portfolios, School of Art publications, local newspapers and other forms of marketing.

Signature: _____ Date: _____