

# **BOWLING GREEN STATE UNIVERSITY SCHOOL OF ART**

## **Summer Studio Art Program**

For students in grades 7<sup>th</sup>-12<sup>th</sup>.

**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 \_\_\_\_\_(Students Name), participate in the **BGSU Intensive Summer Studio Art 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: \_\_\_\_\_