



BOSTON UNIVERSITY
VISUAL ARTS SUMMER INSTITUTE
www.bu.edu/cfa/vasi

PARENTAL ACKNOWLEDGMENT, CONSENT, & RELEASE

I, _____ the parent/guardian of _____, give my consent of his/her participation in the Visual Arts Summer Institute of Boston University. I have read the program description and I am aware of the risks inherent in using sculpting tools and working with oil paints and associated painting and drawing materials. I am also aware that my child will be participating in recreational events and field trips involving travel throughout the city of Boston and the greater Boston area. I understand that the university has made no representation concerning the safety of the methods of travel to and from or the travel sites visited. I recognize that it is my responsibility to ask questions about any aspect of the program that has not been explained to my satisfaction.

In exchange for the benefits that my child will receive by participating in this program I hereby voluntarily agree, on behalf of myself and my child, to assume all of the risks in connection with my child's attendance at and participation in the Visual Arts Summer Institute, this includes travel. I agree to release Boston University from any and all liabilities and claims whatsoever arising out of ordinary negligence in connection with my child's attendance and participation in the Visual Arts Summer Institute of Boston University.

The term Boston University shall include the corporation named Trustees of Boston University and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the University is or could be legally responsible.

I agree that the laws of the Commonwealth of Massachusetts shall govern this Waiver & Release. I affirm that I have read and understood this document.

Date

Signature of Parent or Guardian

MEDIA RELEASE

I hereby give my permission to Boston University to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in Boston University educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that Boston University considers appropriate for release to magazines, newspapers, Boston University's World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Boston University and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release Boston University from all liability with respect to the matters covered by this release.

Date

Signature of Parent or Guardian