

Boston University College of Fine Arts
School of Visual Arts

155 Commonwealth Avenue
Boston, Massachusetts 02215
T 617-353-3371 F 617-353-7217
www.bu.edu/cfa/visual-arts

BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY
For Participation in the Visual Arts Summer Institute

Name of Child: _____

1. I hereby consent to the participation of the child named above in all activities of the Visual Arts Summer Institute ("the Program"), to be held at Boston University.
2. I understand, recognize and acknowledge that this Program involves activities, such as museum visits, theatre performances, field trips to various locations in and around the city of Boston, and working with artistic materials such as sculpting tools, oil paints and associated painting and drawing materials, that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child's participation in the Program.
3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University ("the University") and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.
4. In signing this Parental Consent and Release From Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.
5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN:

Signature

Name (Printed) & Relationship to Student

Street Address

City/State

Telephone

Date