



STUDENT LIFE PACKET

Please complete this packet in full and submit it by the postmark deadline of **May 20, 2026**. Please mail your completed packet as follows:

On or Before May 20, 2026
Via U.S. Post, FedEx, and UPS

Manager of Enrollment and Student Engagement
Boston University Tanglewood Institute
855 Commonwealth Avenue
Boston, MA 02215

After May 20, 2026
Via U.S. Post, FedEx, and UPS

Manager of Enrollment and Student Engagement
Boston University Tanglewood Institute
45 West Street
Lenox, MA 01240

BOSTON UNIVERSITY 2026 AGREEMENTS, AUTHORIZATIONS, AND WAIVERS

Student's full name _____
last first middle initial

Date of birth ____/____/____ Primary E-mail address: _____
month day year

2026 RESIDENCE LICENSE AGREEMENT

This [Residence License Agreement](#) (the "Agreement") is for all enrolled programs at Boston University Tanglewood Institute that you attend during the summer of 2026 (the "Term"). The Term commences on the move-in date outlined in the Tanglewood Institute Lifebook (<http://www.bu.edu/cfa/tanglewood/accepted-students/lifebook/>) and ends on the move-out date also outlined in the Lifebook.

I, the undersigned student, apply to become a licensee in the Boston University residential system for the duration of the workshop and/or program(s) for which I am enrolled. I acknowledge receipt of copies of this Residence License Agreement, the Boston University Tanglewood Institute Summer 2026 Lifebook, and the Terms and Conditions of the Residence License Agreement, located on the BUTI website at <http://www.bu.edu/cfa/tanglewood/accepted-students/lifebook/rules-regulations/>. I agree to be responsible for reading all such documents and revisions and knowing their contents. I hereby agree to comply with the terms and conditions set forth in this Residence License Agreement and the documents incorporated herein by reference, as well as with any subsequent revisions thereof authorized by the University. I further understand that this Residence License Agreement will only be valid for programs which the Student Life Office receives confirmation from the Administrative Office of my acceptance and deposit for.

Student signature Date ____/____/____
month day year

Guarantor signature (If student is under 18 years of age, parent or legal guardian must sign.) Date ____/____/____
month day year

STUDENT/PARENT ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

For Participation in Boston University Tanglewood Institute Recreational Activities

1. I hereby consent to the participation of the student named below (“Student”) in all recreational activities offered by Boston University Tanglewood Institute (“the Program”).

2. I understand, recognize, and acknowledge that this Program involves recreational activities in which they are not required to participate, including but not limited to swimming and waterfront activities, tennis, lawn sports, basketball, hiking and yoga, 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’s recreational activities that have not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to the Student’s participation in the Program.

3. In consideration of Boston University allowing the Student to participate in the Program, I, on behalf of myself, the Student, and anyone claiming on behalf of me or the Student 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 the Student that arises out of or is related in any way to their participation in the Program which I may now or hereafter have and which the above-named Student has or hereafter may acquire, either before or after reaching majority.

4. In signing this 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, the Student, and anyone claiming on behalf of me or the Student.

5. I further acknowledge that I am the parent or legal guardian of the Student identified above, with legal authority to sign this document.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Name (if student is under 18)	Parent/Guardian Signature (if student is under 18)	Date

MEDIA RELEASE

In connection with programs at Boston University Tanglewood Institute, I hereby give my permission to Boston University Tanglewood Institute to photograph, film, videotape, make sound recordings and other recordings (the “Recordings”) of the below named student (“Student”), to quote or publish the statements of the Student and to use any such Recordings, quotations or statements in Boston University Tanglewood Institute educational and promotional/advertising materials. I understand that the Student may be identified in any photographs, news stories or publications that Boston University Tanglewood Institute considers appropriate for release to magazines, newspapers, internet publications or other publications and media. I further understand that any such Recordings are the property of Boston University Tanglewood Institute and that they may be copyrighted in Boston University Tanglewood Institute’s name. I release and discharge Boston University Tanglewood Institute and its employees and agents from all claims and demands arising out of or in connection with the above-described use of such Recordings, quotations, statements or identifications, including but not limited to any claims for infringement of copyright or invasion of privacy.

I grant the above permissions irrevocably and without payment of compensation, fee or royalty.

I certify that I have read the foregoing, fully understand the contents thereof and agree to these terms.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Name (if student is under 18)	Parent/Guardian Signature (if student is under 18)	Date

OPENING DAY COOKOUT TICKET REQUEST AND PAYMENT

Students, families and friends are cordially invited! The opening cookouts are held on the back lawn of Groton Place, West Street Campus, and are served buffet-style. Vegetarian options will be provided. Students' meals are already included in the summer residence board. Tickets to the cookouts are available to students' guest(s) at a cost of \$15.00 each. Advance reservations are preferred to ensure food is available.

Cookouts will directly follow the opening ceremonies on Sunday, June 21, 2026 and Sunday, July 5, 2026 at approximately 5 p.m.

Please complete this form and attach a separate, nonrefundable check made payable to "Trustees of Boston University." On the check, write the name of the student with whom the guest(s) will be accompanying. Include this form and your check with your completed Student Life Packet.

Reserved tickets will be distributed at housing registration on the days of the cookouts. If guests plan to attend more than one cookout, please indicate the number of guests who will attend on each date.

Student name _____
last first middle initial

- **Sunday, June 21, 2026** : Number of guests _____ x \$15.00
- **Sunday, July 5, 2026**: Number of guests _____ x \$15.00

Total enclosed _____
(\$15.00 per person)



PRIVATE LESSONS ACKNOWLEDGMENT, CONSENT, AND RELEASE FROM LIABILITY

As a courtesy to students of the Boston University Tanglewood Institute ("BUTI"), BUTI arranges for private lessons with instructors of the student's choice. These private lessons are not a required part of the BUTI curriculum (the "Lessons").

1. I hereby voluntarily consent to my participation/the participation of _____ (if student is under the age of 18) in the Lessons (the "Participant").

2. I understand, recognize, and acknowledge that the Lessons are not a required part of the BUTI curriculum, and that my/the Participant's participation in the Lessons may involve risks to me/the Participant, including accident, illness, physical or mental injuries, death, and property damage. I understand these risks and assume them knowingly and willingly.

3. In consideration of BUTI allowing me/the Participant to participate in the Lessons, I, on behalf of myself, the Participant, and anyone claiming on behalf of me or the Participant hereby FOREVER RELEASE Boston University Tanglewood Institute and Trustees of Boston University (collectively referred to as 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 me/the Participant (including those for which I/the Participant may be liable to any other person during the Lessons), resulting from any cause, that arise out of or are related in any way to my/the Participant's participation in the Lessons which I/the Participant may now or hereafter have and which I/the Participant has or hereafter may acquire, either before or after reaching majority.

4. In signing this Private Lessons Acknowledgment, Consent, and Release from Liability Form, 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, the Participant, and anyone claiming on behalf of me or the Participant.

5. I further acknowledge that I am the Participant or, if the Participant is a minor, the parent or legal guardian of the minor identified above, with legal authority to sign this document.

Student Name

Student Signature

Date

Parent/Guardian Name (if student is under 18)

Parent/Guardian Signature (if student is under 18)

Date

Address (Street, Town, City, Zip)

Phone

Email

2026 MEDICAL AUTHORIZATION

Student Name: _____ **DOB:** _____

Enrolled Programs: _____

Boston University Tanglewood Institute students and their parents must agree to the conditions set forth below prior to the student’s arrival on campus. Please print and sign.

Physicians, nurse practitioners, nurses, and other professional staff employed by Boston University Tanglewood Institute or employed at any medical facility to which the student may be referred by Boston University Tanglewood Institute are authorized to perform examinations and prescribe and render treatment when consulted by the student; or for students identified as unwell. No surgical procedure will be undertaken upon a minor child (under age 18) without prior consent of the parent except in case of emergency. Due to its proximity to Lenox, Berkshire Medical Center is the medical facility to which students are usually referred when acute medical needs arise during the summer program.

When, in the judgment of our nurse or physician, a condition exists which should be reported to the parent of a minor child, the parent may be notified after informing the student of the plan to notify the parent. Boston University Tanglewood Institute and any medical facility to which the student may be referred may release medical information or a copy of a minor child's medical record to the child's parent, upon appropriate written request by the parent.

Boston University Tanglewood Institute reserves the right to remove a student from the program if, in the determination of the medical team, a student's continued enrollment would create a significant risk to the health and safety of the student or others, or if the student refuses to cooperate with efforts deemed necessary by the University to evaluate the student's condition, or if the student's condition is beyond what can be supported while in residence at the 45 West Street campus. Residents are prohibited from engaging in conduct, in or out of the residence facility, which poses a threat to the health or safety of persons or property or interferes with the rights or well-being of others.

All medical costs incurred including, but not limited to, ambulance charges, pharmacy costs, hospital emergency room visits, x-rays, laboratory tests, appointments and tests conducted at any medical facility, etc., are the financial responsibility of the parent and/or student. To the extent Boston University Tanglewood Institute pays any medical expenses in connection with the treatment of a student, the parent and/or student shall repay Boston University the full amount of all such charges. If you have medical insurance, you are advised to contact your insurance company for its policies on out-of-area coverage. Students should carry an insurance card (or a photocopy of an insurance card) with them. **Please provide your medical insurance information requested below and attach a photocopy of the front and back of your insurance card on the form provided. If you do not have insurance, follow the instructions to purchase coverage from Boston University on the Accepted Students portion of the Boston University Tanglewood Institute website. Insurance is required.**

Name of insurance company _____ **Policy number** _____

Address _____ **Policy holder** _____

Pertinent medical information including known allergies and medical conditions which might affect treatment have been disclosed on the Report of Medical History, which will be maintained in the files of the health services staff employed by Boston University Tanglewood Institute.

It is understood that the University assumes no responsibility for providing and/or referring students to medical care in the event the student and/or parent chooses to seek such care independently.

The undersigned hereby acknowledge the above conditions and agree to abide by them during the period the student is enrolled in Boston University Tanglewood Institute, sponsored by Boston University, in June, July, and/or August 2026.

Student Name

Student Signature

Date

Parent/Guardian Name (if student is under 18)

Parent/Guardian Signature (if student is under 18)

Date

MEDICAL INSURANCE INFORMATION

Student name _____ Date of birth (mm/dd/yy) _____
last first middle initial

Please check one of the following below to fulfill Massachusetts-required insurance:

- I have insurance and have attached photocopies of the front and back of your medical insurance card in the spaces below.
- I do not have insurance and need to purchase it from Boston University for the time period of your residency with us. Please check this box and we will be in touch with the Boston University summer insurance plan information. The appropriate form can also be found at: <http://www.bu.edu/cfa/tanglewood/accepted-students/student-life-forms/>

Front of card

Back of card

IMMUNIZATION RECORD

Student Name _____ Date of Birth _____

Massachusetts Public Health Law **requires** every student under the age of 30 to have certified evidence of the dates of the original series and boosters of the following immunizations in order to enroll.

**If available, please attach an immunization record from your physician's office.*

MASSACHUSETTS REQUIRED VACCINES

DATES

Month / Day / Year

1. MMR (mumps, measles, rubella)

- a. First dose on or after 12 months
- b. Second dose

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____

2. Diphtheria, Pertussis and Tetanus

- a. Primary Series

- b. Tdap required for residential students:

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____
- 3. ____ / ____ / ____
- 4. ____ / ____ / ____
- 5. ____ / ____ / ____

3. Polio

- a. Primary Series

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____
- 3. ____ / ____ / ____
- 4. ____ / ____ / ____

4. Hepatitis B

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____
- 3. ____ / ____ / ____

5. Chicken Pox disease - Date: _____ **or Varivax 2 doses**

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____

6. Meningococcal (MENACWY, Menactra) or signed waiver

- 1. ____ / ____ / ____

7. COVID-19

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____
- 3. ____ / ____ / ____

7. Other vaccines: indicate name/date: _____

- 1. ____ / ____ / ____
- 2. ____ / ____ / ____

8. Tuberculosis testing: A mantoux skin test is required only for students who fall in the following risk categories: work in shelters, nursing homes, or with indigent populations; travel to foreign areas where T.B. is prevalent staying one (1) month or more.

Date _____ mm _____
 A chest film is required for any positive PPD. CXR Date _____
 Result: _____
 Have you ever received BCG? _____ If so, when? _____
 Have you been prescribed medication for a positive PPD? _____
 If so, dates of Treatment: _____

Physician Signature _____ Date _____

MEDICATION INVENTORY

Student name _____ Date of birth (mm/dd/yy) _____
last first middle initial

Medication includes both prescription and non-prescription medications and includes those taken by mouth or by inhaler, those which are injectable, applied as drops to eyes or nose, or applied to the skin.

PRESCRIPTION MEDICATIONS POLICIES

If the student is taking psychotropic medication the prescribing provider must complete and return the Psychotropic Provider Authorization (found on <http://www.bu.edu/cfa/tanglewood/accepted-students/student-life-forms/>).

All prescription medications must be listed below. In addition, all psychotropic medications, such as stimulants, antidepressants, anti-anxiety medication, and pain medication must be held and dispensed by the Health Services Office. All prescription medications must be in original pharmacy containers, labeled by the pharmacy, with the name of the student, the prescribing physician, medication, instructions for use, and the expiration date. It is the responsibility of the student to obtain held prescription medication from the Health Services Office. The Health Services Office does not remind or compel students to take prescription medication and does not routinely monitor or report whether a student has taken prescription medication.

PLEASE LIST PRESCRIPTION MEDICATIONS:

Name of Medication	Reason for Use	Directions for Dispensing	Expiration

NON-PRESCRIPTION MEDICATIONS

Students are discouraged from bringing general over-the-counter medications. Health Services provides items such as mild pain relievers, cough suppressants, etc. If students do need to bring special products, please list them below, including all over-the-counter medications, vitamins, skin preparations, herbal items, and food supplements.

Name of Medication	Reason for Use	Directions for Dispensing

NO MEDICATION

Please check here to indicate that you will be bringing no medications (including prescription, non-prescription, and herbal supplements).

PARENT ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read Boston University Tanglewood Institute’s medication policies and agree to comply with them. The responses on this Medication Inventory are true and complete to the best of my knowledge. I authorize BUTI to administer psychotropic prescription medication to the student as listed above.

Parent’s signature _____ Date _____

Student’s signature _____ Date _____

DIETARY NEEDS AND RESTRICTIONS FORM

Student's full name _____
last first middle initial

Date of birth ____/____/____
month day year

Primary E-mail address: _____

Boston University Dining Services is committed to providing students, faculty, and guests with the information you need to make informed food choices. We employ a full-time Director of Safety and Sanitation who oversees continuous training of our staff. We want to make dining at Boston University Tanglewood Institute as easy and enjoyable for you as possible. For additional information regarding food preparation in respect to allergens, please visit <https://www.bu.edu/dining/nutrition/food-allergies/allergen-guide/>.

Food Allergies (ALLERGIES ONLY must also be listed on report of medical history):

- | | |
|------------------------------------|--------------------------------|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Egg |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Shellfish | <input type="checkbox"/> Soy |
- Other: _____

Dietary Restrictions and Preferences:

- Vegetarian
- Vegan
- Gluten-Free
- Lactose Intolerant
- Kosher
- Halal
- Other: _____

