

# SATURDAY STUDIOS

## PROGRAM CONSENT

Parent/guardian permits the student to attend and to participate in field trips, and grants Massachusetts College of Art permission to photograph and publish pictures of students as they participate in these programs.

Field Trips: Y N Photo Release: Y N

Parent/Guardian Signature \_\_\_\_\_

## LIABILITY WAIVER

"I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby consent to my child's participation in this voluntary Youth Program and do forever release the Massachusetts College of Art and Design (including the Commonwealth of Massachusetts and the Board of Higher Education) and its trustees, officers, employees, agents, volunteers, successors, and assigns (collectively the "Releasees") from any and all liability, and waive any and all claims, for injury, loss or damage, including attorney's fees, in any way connected with my child's participation in the Youth Programs (the "Program"), whether or not caused by my child's negligence or other misconduct of the College or any of the Releasees. I forever release, acquit, discharge and covenant to hold harmless the Releasees from any and all causes of action and claims on account of, or in any way growing out of, directly or indirectly, my minor child's participation in the Program, including all foreseeable and unforeseeable personal injuries or property damage, further including all claims or rights of action for damages which my minor child may acquire, either before or after he or she has reached his or her majority, resulting from his or her participation in the Program. I agree to indemnify and to hold harmless the Releasees from all claims (in other words, to reimburse the Releasees and to be responsible) for liability, injury, loss, damage or expense, including attorneys' fees (including the cost of defending any Claim my child might make, or that might be made on my child's behalf, that is released or waived by this paragraph), in any way connected with or arising out of my child's participation in the Program."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE/PARENTAL CONSENT FORM

"The parent/guardian signature confirms that the student is able to participate in the Program with reasonable supervision. I hereby grant Massachusetts College of Art and Design and its employees or designated agents my permission to take whatever actions they may consider necessary to safeguard my child's health and safety. Without further consent and at my own expense, I authorize Massachusetts College of Art and Design and its employees or designated agents, if necessary, to secure emergency medical treatment and services as a result of injury occurring during my child's participation in the program."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## THE FIGURE AND ADVANCED STUDIOS CONSENT

For students enrolled in these classes, signature indicates parental consent to the use of nude models in this class.

Parent/Guardian Signature \_\_\_\_\_

## SCHOLARSHIPS

I wish to apply for a scholarship. I have included a letter of support from my art teacher (or school principal) and my family financial information is below.

Annual Household Income: \_\_\_\_\_

Number of Family Members: \_\_\_\_\_

## WORKSHOP FEE REFUND:

100% of the workshop fee when dropped one week prior to workshop start date. Refunds may take up to 6 weeks to process.

## MAIL COMPLETED APPLICATION TO:

MassArt, K-12 Programs  
621 Huntington Ave., Boston, MA 02115  
or fax to: (617) 879-7171  
Please call: (617) 879-7170 or email  
k12@massart.edu with any questions.

## ETHNICITY SURVEY

- Non-USA Resident  White Non-Hispanic  Black Non-Hispanic  
 Hispanic  American Indian / Alaskan Native  Asian / Pacific Islander  
 Cape Verdean  Mult ethnic  Other  I do not wish to report

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Work/Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Birth Date / / Gender M F Grade \_\_\_\_\_

Student Email \_\_\_\_\_ Parent Email \_\_\_\_\_

School \_\_\_\_\_ Art Teacher \_\_\_\_\_

In case of emergency, please contact:

Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**SATURDAY STUDIO Course Fee: \$150**

(Photography and Computer Animation: \$235, including lab fee)

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

## MEDICAL INFORMATION

Under state law, all participants are required to have up to date immunizations for the following: Diphtheria, Tetanus, and MMR (Measles, Mumps, Rubella). Parent/Guardian signature certifies that your son/daughter has the above immunizations.

Parent/Guardian Signature \_\_\_\_\_

Please list any known allergies to food, medications, insects, pollen, etc. Is your child currently under medical treatment or taking medication? If so, please explain.

Does your child have any special needs? If so, please explain.

Name of family doctor or nurse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_

Please enclose your check payable to Massachusetts College of Art and Design or complete the credit card information below:

MasterCard/Visa # \_\_\_\_\_ Expiration Date / /

Print cardholder's name \_\_\_\_\_ Date / /

Signature \_\_\_\_\_