

Summer Studio Workshop Release Form

Please read this **RELEASE** carefully. It must be completed and signed by you, and by your parent or guardian if you are a minor. This is a legally binding **RELEASE**; by signing this **RELEASE**, you are giving up the ability to make certain claims.

I plan to participate in The Art Institutes International Minnesota Summer Studio Workshop Program (the "Program") which is scheduled to take place from June 17-21, 2012. **I HAVE VOLUNTARILY ELECTED TO PARTICIPATE IN THIS PROGRAM.** I understand that there may be risks involved in this Program. I understand that no person or program requires me to participate in this Program, but I want to do so, despite the possible dangers and risks, and despite this **RELEASE**.

I therefore agree to assume and take on all of the risks and responsibilities in any way associated with this Program. In consideration of and in return for the opportunity to participate in this Program, I hereby enter into this **RELEASE**.

By my signature below, and intending to be legally bound hereby, I acknowledge and agree that I am unconditionally releasing the School, its corporate parents, affiliates, related entities, their officers and directors, trustees, employees, and agents from all claims, suits, and/or liability of any kind for personal injuries or death, property damage, and any other consequences, losses, damages, or expenses which may occur in connection with this Program, whether or not as a result of any negligent acts or omissions on the part of the School, its employees or agents, relating to me, or from any act or failure to act, mistake, or failure to supervise on the part of the School. I accept those risks and assume full responsibilities for such injuries and other consequences.

I have read this entire **RELEASE** and understand it. I have had the opportunity to review this **RELEASE** with an attorney. I acknowledge that I have entered into this Agreement freely and without any coercion or duress. I have also read and agree to abide by the rules of the Program, as set forth by the school representatives participating in the Program.

Name of Participant (please print): _____ Date: _____

Participant Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(if participant is a minor)

Accredited Member, ACICS

See aiprograms.info for program duration, tuition, fees, and other costs, median debt, federal salary data, alumni success, and other important info.