

Activity Information Form

Evening activities will be planned for Tuesday, June 19 through Friday, June 22, 2012. All students are encouraged to attend. Students staying at the Hyatt Place Hotel are required to attend all evening activities. Commuting students are welcome and encouraged to attend these events, but are not required to do so. Please note that commuting students will need transportation from the Hyatt Place Hotel upon conclusion of the activities. Students MUST use the provided transportation for ALL activities. Cost to attend these activities are included in the Summer Studio fees.

Name (print): _____ Date: _____

Maggiano's + GameWorks | TUESDAY | June 19, 2012

YES, I will join this activity! NO, I do not plan to join this activity

Dinner + Woodfield Mall | WEDNESDAY | June 20, 2012

YES, I will join this activity! NO, I do not plan to join this activity

Second City Improv | THURSDAY | June 21, 2012

YES, I will join this activity! NO, I do not plan to join this activity

Summer Studio Social | FRIDAY | June 22, 2012

YES, I will join this activity! NO, I do not plan to join this activity

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

The Illinois Institute of Art is accredited by the Higher Learning Commission and is a member of the North Central Association (NCA)
(230 S. LaSalle Street, Suite 7-500, Chicago, IL 60604-1413, 1.800.621.7440, www.ncahlc.org).

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

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 Illinois Institute of Art — Schaumburg Summer Studio Workshop Program, which is scheduled to take place from June 19-23, 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 myself 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: _____

Parent/Guardian Signature: _____ Date: _____
(if Participant is a minor)

The Illinois Institute of Art is accredited by the Higher Learning Commission and is a member of the North Central Association (NCA)
(230 S. LaSalle Street, Suite 7-500, Chicago, IL 60604-1413, 1.800.621.7440, www.ncahlc.org).

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

Summer Studio Medical Release Form

This form is to be completed by ALL workshop participants and returned to The Illinois Institute of Art — Schaumburg. All information is strictly confidential and will be used only in case of emergencies.

MEDICAL INFORMATION:

Name of Participant: _____

Please list any known allergies to foods: _____

Insurance Provider: _____ Policy #: _____ Group #: _____

Name of Policy Holder: _____

Insurance Provider Phone Number: () _____

Insurance Provider Address: _____

CONTACT INFORMATION FOR PARENT OR LEGAL GUARDIAN:

Name of Parent or Guardian: _____

Home Phone: () _____ Work Phone: () _____

If parent cannot be reached by phone, please contact:

Name: _____ Phone: () _____

The Illinois Institute of Art is accredited by the Higher Learning Commission and is a member of the North Central Association (NCA)
(230 S. LaSalle Street, Suite 7-500, Chicago, IL 60604-1413, 1.800.621.7440, www.ncahlc.org).

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