

Summer Studio Workshop Photo Release Form

GRANT

I hereby irrevocably give to The Art Institute of Washington, a branch of The Art Institute of Atlanta, and its parent and affiliated companies and schools, including without limitation Education Management LLC and The Art Institutes International, LLC (collectively, the "Schools") and the Schools' assigns, licensees, and successors the right to photograph, film, and/or videotape me and/or to otherwise record my image and/or likeness and to use, publish, display, reproduce, copy, and distribute my image and/or likeness, in all forms of media now known or later developed, including composite or modified representations and including on the internet, for promotional activities for the Schools, including advertising, direct mail, catalogs, websites, exhibitions, film festivals, and classroom presentations, throughout the world and in perpetuity. The Schools are permitted, although not obligated, to include my name in connection with my image and/or likeness. I waive the right to inspect or approve versions of my image and/or likeness used for publication or the written copy that may be used in connection therewith and agree that the Schools shall not be liable to me for any distortion or illusionary effect resulting from the use, publication, or display of my image or likeness. The Schools are not obligated to utilize any of the rights granted in this Agreement. I agree that I shall have no ownership of or other rights in the photographs, film, videotapes, or other recordings of my image and/or likeness taken or made by or on behalf of the Schools. I understand that the Schools shall not be responsible for unauthorized duplications/use of my image and/or likeness by third parties on the internet or otherwise.

RELEASE

I release the Schools and the Schools' assigns, licensees, and successors from any claims that may arise regarding the use of my image and/or likeness including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

SIGNATURE

I have read, understand, and agree to the terms of this Agreement.

Name (print): _____ Date: _____

Signature: _____

Address: _____

PARENT/GUARDIAN CONSENT

[Please execute if the subject of this Photo Release is under 18 years of age.]

I am the parent or guardian of the minor named above, who is aged _____. I have the legal right to consent to and do consent to the terms of this Agreement.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

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 Art Institute of Washington, a branch of The Art Institute of Atlanta (the "School"), Summer Studio Workshop Program (the "Program") which is scheduled to take place from _____ until _____. 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: _____

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

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 Art Institute of Washington, a branch of The Art Institute of Atlanta. 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: () _____

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 Code of Conduct Contract

The following rules and code of conduct are important for all students participating in the Summer Studio Workshop (the "Program") at The Art Institute of Washington, a branch of The Art Institute of Atlanta (the "School"). Please review these rules, sign the document, and return with your other materials. All students in the Summer Studio Program must agree to follow these rules and code of conduct in order to participate.

Violation of the rules and/or code of conduct may result in dismissal from the program.

Students are expected to attend all class sessions, presentations, and events in the program. Students who are absent from a class or function must provide a valid excuse to The Art Institute of Washington Summer Studio staff. Unsatisfactory reasons for absence may result in dismissal from the program.

IT IS THE RESPONSIBILITY OF EACH SUMMER STUDIO STUDENT TO:

- Respect the rights of other members of the School community
- Respect the property of the School and other members of the School community
- Respect the facilities, equipment, and programs of the School
- Refrain from actions that endanger the health, welfare, or safety of other members of the School community
- Comply with all School, federal, state and local laws, rules, and regulations

VIOLATION OF THE CODE OF CONDUCT INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING:

- Theft, alteration, damage to, or unauthorized possession or use of, School property or another community member's property
- Obstruction or disruption of School classes, business, or activities
- Conduct in violation of School rules and regulations
- Physical, verbal, or sexual assault, harassment or threat to another member of the School community
- Behavior that endangers the health, welfare, or safety of a School community member or behavior that endangers the safety of oneself
- Use of The Art Institute of Washington computer network for any illegal or commercial activities
- Use of The Art Institute of Washington computer facilities for inappropriate purposes
- Use of college computer facilities to gain unauthorized access to computing facilities of other industries, organizations, or individuals
- Possession, use, sale, or transfer of narcotics without medical authorization
- False reporting of an emergency on School property
- Failure to promptly comply with any lawful requests of The Art Institute of Washington staff
- Violation of School policy and regulations and the laws of the corresponding state regarding the possession or consumption of alcoholic beverages

I HAVE READ AND UNDERSTAND THE RULES AND CODE OF CONDUCT FOR PARTICIPATING IN THE SUMMER STUDIO PROGRAM AT THE ART INSTITUTE OF WASHINGTON. I AGREE TO ADHERE TO THE RULES AND CODE OF CONDUCT AND UNDERSTAND THAT ANY VIOLATION OF THESE RULES OR CODE OF CONDUCT COULD RESULT IN IMMEDIATE DISMISSAL FROM THE SUMMER STUDIO PROGRAM AT THE ART INSTITUTE OF WASHINGTON, A BRANCH OF THE ART INSTITUTE OF ATLANTA. IN THE EVENT OF A DISMISSAL, THE PARENT/GUARDIAN WILL BE NOTIFIED AND MUST MAKE ARRANGEMENTS FOR THE STUDENT'S TRANSPORTATION HOME. IF THE STUDENT MUST LEAVE BY BUS, TRAIN, OR AIRLINE, TRANSPORTATION TO THE DEPARTURE WILL BE PROVIDED BY THE SCHOOL. NO REFUNDS WILL BE ISSUED TO THOSE DISMISSED FROM THE SUMMER STUDIO PROGRAM. ANY ADDITIONAL TRAVEL FEES INCURRED DUE TO EARLY DISMISSAL ARE THE SOLE RESPONSIBILITY OF THE STUDENT AND/OR THE PARENT/GUARDIAN.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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 SUMMER STUDIO PARTICIPANTS (DORMITORY AND COMMUTER).

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Signature: _____ Date: _____

Address: _____

City/State: _____ Zip Code: _____

Daytime Phone Number: _____

Alternative Phone Number: _____

IF A PARENT CANNOT BE REACHED BY PHONE, PLEASE CONTACT THIS PERSON:

Name: _____

Relationship: _____

Daytime Phone Number: (_____) _____

Alternative Phone Number: (_____) _____

INSURANCE INFORMATION:

Company Name: _____

Policy #: _____

SPECIAL HEALTH CONDITIONS:

Allergies: _____

Diet: _____

Medications: _____

Other: _____

Students are encouraged to bring a copy of their insurance identification cards.

SUMMER STUDIO WORKSHOP PHOTO RELEASE FORM CONFIRMATION AND UNDERSTANDING OF RULES AND REGULATIONS

PLEASE READ THIS DOCUMENT CAREFULLY AND SIGN BELOW. YOU MAY WANT TO RETAIN A COPY FOR YOUR RECORDS.

Summer Studio Workshop 2012 is intended for students with a serious interest in the creative fields of Animation, Audio Production, Culinary Arts, Digital Filmmaking & Video Production, Fashion & Retail Management, and Game Art & Design. We recognize that rules and expectations such as those listed may at times seem cumbersome and restrictive. However, the guidelines are designated to enhance everyone's Summer Studio Workshop experience by creating a safe, healthy, and stimulating learning environment.

We, the student participant and parent/guardian, have read and understand fully the rules and conduct expectations listed on this document and are willing to comply with them. We understand that if these rules and expectations are not followed, early dismissal from the workshop may occur without the refund. If dismissed, we understand we are responsible for immediate transport home and that this may incur substantial costs to us.

Student's Name (printed): _____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required regardless of student's age)

CONTACT AND HOUSING INFORMATION FORM

PLEASE PRINT

Student Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: (_____) _____

Email: _____

Parent/Guardian Name: _____

Daytime Phone Number: (_____) _____

I live in the Washington area and will be commuting to and from the workshop.

I am staying at the school-provided housing.

I am not from the Washington area and am not staying at the school-provided housing.
I will be staying with family/friends in the area and commuting to the workshop.

Name of person you are staying with: _____

Relationship: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____

Daytime Phone Number: (_____) _____

Alternative Phone Number: (_____) _____

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

HOUSING STUDENTS ONLY ROOM AND BOARD CONTRACT

MADE and entered into this _____ day of JUNE, 2012, by and between The Art Institute of Washington (hereinafter referred to as "School") and _____ (hereinafter referred to as student) and _____ (hereinafter referred to as parent).

NOW, THEREFORE, the parties hereto intending to be legally bound hereby covenant, promise, and agree as follows:

- Students enrolled in the Summer Studio Workshop may reside at the school-provided housing. All checks and money orders for such are to be made payable to The Art Institute of Washington. Lunch and dinners are included in the cost of registration for all students.
- School and/or school-provided housing shall not be liable for any injury, loss, or damage of any nature to the person or property of the student, student's family, guests, invites, or licensees or any other person arising from any cause other than the established negligence of any employee of the School or hotel, or its employees.
- Students and parents shall indemnify School and/or school-provided housing and name them harmless from any loss, liability, claim, cost, injury, or damage arising out of or flowing from any act of the student. The student will be jointly and severally liable with his or her roommate(s) for any and all damage to the room assigned to the student. If any damage occurs in a common area of the hotel and the responsible party cannot be determined or held accountable, all residents of the hotel having access to the area will be equally liable for the costs of repairing such damage.
- No rebate of room and board charges will be considered if the student is dismissed from the hotel for misconduct or material breach of this Contract. The student hereby agrees to immediately leave the school premises upon receipt of notice to do so from the School. There will be absolutely no refund of room and board after twenty-four (24) hours of occupancy.
- The student will comply with all school-provided housing and school regulations established by The Art Institute of Washington and school-provided housing for students residing at the school-provided housing, including those rules and regulations attached to this contract and/or those specifically created to govern the conduct or participants in the Summer Studio Workshop.
- The student may not assign any of his or her rights under this contract, nor make any alteration, addition, or improvement to the room without the prior written consent of The Art Institute of Washington.
- The Art Institute of Washington and school-provided housing will have the right to enter the room at any time for any reasonable purpose. School-provided housing reserves the right to change room assignments for any reason at any time.
- The Art Institute of Washington and school-provided housing will have no obligation to provide health services under this contract at any time.
- Parent hereby expressly agrees and consents to student residing in school-provided housing and accepts full responsibility and liability for all actions and conduct of the student or college premises. Furthermore, the parent expressly waives any right or claim against the school or school-provided housing, or any defense the parent may advance, on account of the student's minority.

Each student and parent acknowledges that they have read and understood the items and obligations above and agree to be bound by the provisions hereof.

IN WITNESS WHEREOF, the parties hereto have executed the Contract as of the day and year first written above.
THE ART INSTITUTE OF WASHINGTON, A BRANCH OF THE ART INSTITUTE OF ATLANTA

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



1820 North Fort Myer Drive
Arlington, VA 22209-1802