

# ADELPHI UNIVERSITY

## PARENTAL CONSENT FORM

### FOR THE LOVE OF ART—CERAMICS

Acknowledgment of Risk and Consent for Treatment for Minor Participants in Event or Field Trip

#### SECTION 1 (To be completed by field trip leader)

Class/department: Department of Art and Art History

Field trip leader: Geoffrey Grogan, department chair, 516.877.4460

Field trip destination: Adelphi University, Adele and Herbert J. Klapper Center for Fine Arts

Field trip date(s): October 2016–December 2016 (Sundays)

Equipment/supplies to be provided:

By participant: None

By field trip leader: Ceramics and sculpting materials

Immunization required: N/A

Physical activities to be undertaken include: Ceramics and sculpture

Risks inherent in this field trip include bodily injury due to: Students engaging in traditional university activities

#### SECTION 2 (To be completed by parent or guardian of minor participants)

I acknowledge that there are certain risks inherent in field trips, including, but not limited to, those indicated in Section 1, and that all risks cannot be prevented. I acknowledge that my minor child is physically able, with or without accommodation, to participate in this field trip and to use the equipment and/or supplies described above.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that Adelphi University does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical treatment. I will notify the trip leader if my minor child has medical conditions about which emergency medical personnel should be informed. In case of an emergency, please contact me at the number listed below.

**STUDENT'S NAME:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Phone of Parent or Guardian:** \_\_\_\_\_  
(Include area code and extension, if applicable.)

**Email of Parent or Guardian:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

8/16-16043

Should you, or your guests, require an accommodation based on a disability, or need to request an ASL interpreter, please contact the Student Access Office by phone at 516.877.3806 or email at [sao@adelphi.edu](mailto:sao@adelphi.edu). Please allow for a reasonable time frame prior to the event; we suggest a minimum of five business days.

# ON CAMERA RELEASE FORM

In consideration of my engagement on camera, upon the terms hereafter stated, I hereby grant Adelphi University and/or its agents and their respective licensees, successors and assigns, the absolute right and permission to copyright and use, re-use and publish, and republish still photography or video footage of me or in which I may be included, in whole or in part, without restriction as to changes or alterations, from time to time, in conjunction with my own name, or reproductions thereof otherwise made through any media now known or to be devised for documentary, promotional, artistic, marketing, trade or any purpose whatsoever. However, the rights granted shall not permit exercise of these rights as direct commercial endorsement of any product without first obtaining my written consent.

I also consent to the use of any printed matter in conjunction therewith. Images and video may be stored in print or digital form either in secure files, servers or web based cloud servers.

I hereby waive any right that I may have to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby, release, discharge and agree to save harmless, Adelphi University and/or its agents and their respective licensees, successors and assigns, and all persons acting under its permission or authority or those for whom Adelphi is acting, from any liability by virtue of any alteration, whether intentional or otherwise, that may occur or be produced in the taking of said still photography or video footage or in any subsequent processing thereof, as well as any presentation, exhibition or streaming thereof. Nothing contained herein obligates you to exercise any of these rights, licenses or privileges granted to you by this release agreement.

## Please check one of the boxes below:

☐ I hereby warrant that I am eighteen (18) years of age or older and have the right to contract my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

☐ I hereby warrant that I am the parent or legal guardian of the minor child appearing on camera and have the right to contract their name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF STUDENT IF PARENT OR LEGAL GUARDIAN IS SIGNING FOR THEM \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior    ☐ Graduate    ☐ Faculty/Staff/Other

FOR ADELPHI UNIVERSITY: \_\_\_\_\_