



TEXAS TECH UNIVERSITY

School of Art

2024 Pre-College Immersion Program

PROGRAM APPLICATION

STUDENT

Name: _____ Age: ____ Gender: _____

Mobile: _____ Email: _____

High School: _____ Grade: _____

Home Mailing Address: _____

Student T-Shirt Size: small medium large X large XX large XXX large

PARENT/GUARDIAN

Name: _____

Mobile: _____ Email: _____

EMERGENCY CONTACT (required)

Name: _____ Mobile: _____

Payment method:

Cashier's Check / Money Order / Personal Check payable to TTU School of Art
(include signatory's driver's license number)

Return application with full \$750 payment to:

TTU School of Art - PCIP

Box 42081

Lubbock, TX 79409-2081

AGREEMENT OF PARENT/MANAGING CONSERVATOR/GUARDIAN & STUDENT

- All fees are due by May 31st, 2024 (postmark deadline is 5/31/24)
- No refund for no-shows or early withdrawal from the program

RELEASE AND HOLD HARMLESS AGREEMENT

I hereby affirm that I desire to have my student participate in said program. Transportation to and from this event is not provided nor managed by Texas Tech University. We assume no liability for transportation to or from this event. The participant is wholly responsible for all risks related to transportation and parking. I understand that my student will participate in general classroom, educational and recreational activities during this program. I am aware of the dangers associated with such activities.

- Proper Ventilation for all processes will be provided in each lab
- All Personal Protective Equipment will be provided by the School of Art

In consideration of allowing my student to attend the above mentioned activities, I, the undersigned, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University's officers, agents, and employees, and the Texas Tech School of Art from any and all liability due to injuries, damage or death arising or resulting from any act of omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents or employees and other officers or member of the Texas Tech School of Art or any other person or participant in said activities while attending the activities. The terms hereof shall also serve as a release and an assumption of risk for my student's heirs' executor and administrator, and for all members of my child's family and be pleaded as a bar to litigation. The jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas.

I am above the age of eighteen (18) years and have read this Release and Hold Harmless Agreement and understand and voluntarily accept its terms.

Name of Participating Student: _____

Signature of Parent/Managing Conservator/Guardian: _____



PHOTO RELEASE FORM

My student is willingly having their picture taken and/or voice recorded as part of the TTU School of Art Pre-College Immersion Program. I hereby grant the TTU School of Art permission to use their photographs, or voice recordings without restriction for the purposes of exhibition, print, and other promotional material for the School of Art and/or Texas Tech University.

I expressly release the TTU School of Art or representatives from any claims arising from such use or distribution of photographs or voice recordings of my student.

I agree to be fully responsible for my student's own participation and hold the TTU School of Art or representatives harmless from any liability, loss of expense arising from the use of their picture or voice. I also consent to the use of their name, picture and voice for promotional, publicity or organizational purposes.

Name of Participating Student: _____

Signature of Parent/Managing Conservator/Guardian: _____

MEDICAL AGREEMENT AND CONSENT FOR MEDICAL TREATMENT

I, _____, Parent/Managing Conservator/Guardian

of _____, Student's Name

hereby consent to any and all emergency medical treatment needed by said student as administered by a clinic or attending physician and accept responsibility for full payment of said treatment. I give my permission for this document to be photocopied for medical personnel.

The TTU School of Art Pre-College Immersion Program will not dispense ANY medical treatment or medication to students, including prescription or over-the-counter medication. Program participants requiring emergency treatment will be taken to the University Medical Center emergency room unless otherwise specified. Every effort will be made to contact a parent/legal guardian prior to seeking medical treatment.

In case of accident or sudden illness to the above-named student and in the event that I cannot be reached by phone, I hereby authorize a representative of Texas Tech University to seek medical treatment for my child. I hold Texas Tech University and its employees harmless from all liability resulting from any accidents or illness to my child. I verify that all information on this form is complete and accurate. I have read and understand all information contained herein.

Date: _____

Signature of Parent/Managing Conservator/Guardian: _____

Print Name of Parent/Managing Conservator/Guardian: _____