KCAI ART ON CAMPUS REQUEST FORM

Forms must be submitted to Bambi Burgard for final approval at least THREE business days in advance of the proposed installation date.

NO INSTALLATION MAY BEGIN WITHOUT PRIOR APPROVAL and THE COMPLETION OF THIS FORM WITH THE EVPAA'S SIGNATURE

Student Name______________________________ Department______________________________

Home Phone______________________________

Description of Piece______________________________

Location______________________________

Installation Date__________________________ Removal Date______________________________

Work, when exhibited in a public space/context, has inherent responsibilities due to the nature of its location. The student should be attentive to:

* the life decay of the work
* safety to viewers
* protection of campus buildings
* care of the immediate installation site
* keeping the work in good repair
* protection of the natural environment
* infringement of the work on viewers
* beyond the visual sense, i.e. sound, light, smell

I understand that I am personally responsible for the care and removal of my work, including any footings or attachments and for the restoration to original condition of the installation site by the above stated date. **I further understand that if I neglect to satisfy any of the above stated requirements, I am responsible for any and all expenses incurred by KCAI in removing the work and restoring the site. At a minimum, KCAI maintenance will charge $25.00 for the first hour and $50.00 for each additional hour spent removing artwork. (Please note: These fees will be billed by the KCAI business office and a hold will be placed on your student account until paid).**

I hereby release and forever discharge Kansas City Art Institute, its officers, agents and employees from any responsibility, personal liability, loss claims or damages arising out of, or in connection with, this work. I agree to indemnify and hold harmless the aforementioned persons from loss or liability, which may arise as a result of any action or omission of mine.

_________________________________________ Date

Student Signature

1. Instructor

Printed Name__________________________ Signature

2. Department Chair

Printed Name__________________________ Signature

3. Plant Services

Director 802-3437
Basement of Ceramics Bldg.

PLANT SERVICES COMMENTS:

_________________________________________

Signature

4. Executive Vice President for Academic Affairs

Bambi Burgard- 802-3455
2nd Floor, Jannes Library

_________________________________________

Signature

_________ Director of Plant Services 
_________ Security Supervisor