ASSUMPTION OF RISK AND RELEASE NMA WORK/STUDY

for STUDENT ONLY

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in a New Media Arts industry visitation and practicum experience, to which I might be exposed to during my educational activities in conjunction with my New Media Arts work/study program at:

Wasiswas Name of Work/Study Location		October 23- December 9 Dates of Work/Study		
Address of Work/Study Location		City	State	Zip
and during my enrollment in:				
Art 298	Fall 2024		Chris Gargiulo	
Course Number: Title	Semester/Year		Course Instructor	
independent activities undertaken as an administrators remise, release, and forevagents and employees, acting officially of any cause during the period of participal IN WITNESS WHEREOF, I have caused October day of Wednesday the	rer discharge the above ler otherwise, from any antion as aforesaid. this release to be execut	isted comp id all prope	any, the University and	d all of their officers,
Angelica Palilio	A	2		
Student's Name (Typed)	Student's Sign	ature		
Parent or Guardian Name (Typed)	Parent or	Guardian	Signature (if Student is	under 18 years of age
copies to: New Media Arts Instructor	Work/Study Location	Student		