

**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              | * keeping the work in good repair                 |
| * safety to viewers                       | * protection of the natural environment           |
| * protection of campus buildings          | * infringement of the work on viewers             |
| * care of the immediate installation site | 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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**1. Instructor**

\_\_\_\_\_  
Printed Name Signature

**2. Department Chair**

\_\_\_\_\_  
Printed Name Signature

**3. Plant Services**

Director 802-3437  
Basement of Ceramics Bldg.

\_\_\_\_\_  
Signature

PLANT SERVICES COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

**4. Executive Vice President for Academic Affairs**

Bambi Burgard- 802-3455  
2<sup>nd</sup> Floor, Jannes Library

\_\_\_\_\_  
Signature

COPIES TO: Director of Plant Services  Security Supervisor