

Application for Site-Specific Installation : Please submit your application to the Facilities Office (SANF RM 206 or email: facilities-sf@cca.edu)

Name: _____ Phone : _____

Is this a class project? _____ Class title and faculty name: _____

Proposed project: Indicate materials, method of installation, etc... Please attach a rendering showing size, scale, weight, and method of support.

Desired location (attach map if necessary):

Proposed date(s) : _____

The installation will be removed from campus by the following date : _____

AGREEMENT BETWEEN CCA AND STUDENTS

- We reserve the right to permanently dispose of your artwork if it is not removed by aforementioned date.
- Installations are intended only for currently enrolled students.
- The Student(s) agrees to hold harmless California College of the Arts (CCA), its officers, agents, officials, students, and employees, from any and all claims, action, causes of action, judgments, settlements or compromises and liens arising out of the entire exhibit/installation as described above.
- It is agreed that the Student(s) is responsible for leaving the installation space in good condition and the student(s) is liable for any damage beyond normal wear and tear to any material used in connection with the installation. Student(s) will be expected to return site to original condition upon de-installation.
- CCA reserves the right to refuse use of the installation space, or to remove an installation at any time of the installation is deemed plagiarist, libelous or otherwise not in keeping with the goals of the college, or if there is a health/safety hazard or if abuse of this agreement is evidenced.
- The College is not responsible for loss or damage to exhibited works before, during, or after the installation. It shall be the responsibility of the Student(s) to remove the works after the date above at the Student(s) sole risk and cost of transportation. CCA has no storage facilities for student work, any work left will be considered abandoned and discarded.

I AGREE TO THE POLICIES AND REGULATIONS AS STATED ABOVE:

Student Signature : _____ Date: _____

Program Manager : _____ Date: _____

Facilities and Operations Office Only

Scheduling Manager	Facilities Director	Date
<input type="checkbox"/> Rejected/Returned to sender	Reason	Date