

TEEN ART COUNCIL | **NSU ART MUSEUM**

The Teen Art Council at NSU Art Museum serve as ambassadors for the museum. This program aims to embrace teens and empower peers within the museum space by providing programming and support that enhances leadership skills, critical-thinking and developmental milestones for an emerging professional. By fostering a designated, incubated safe space for teens perspectives to converge, NSU Art Museum initiates lifelong relationships with the teen demographic.

This program allows teens to have the opportunity to collaborate with peers to plan events, investigate exhibitions and discover the innerworkings of the museum. Our mission is to create spaces and programs for teen representation and bridge the gap between Broward County teenagers and NSU Art Museum.

Please fill out the form below and send completed applications via email attachment to **Education1@nova.edu** or return a printed copy to the Visitor Services desk at NSU Art Museum, One East Las Olas Boulevard, Fort Lauderdale, FL 33301

You can also find a digital version of application on our website.

REQUIREMENTS

You don't need to be an artist to apply. If you are interested in community engagement, practicing art, and serving as a leader we encourage you to apply.

High school students who will be in 9th, 10th, 11th, or 12th grade.

Availability: During the school year, every 2nd and 4th Wednesdays during the school year from August through June from 4:30 - 6:00 PM. Additional attendance during all TAC associated events and programs are required beyond regular meeting times.

Approved consent from parent/guardian.

BENEFITS

- Support in developing leadership, communication, and professional skills.
- Exploration of your own interests in the context of the museum.
- Opportunities to network with peers and museum professionals.
- Exclusive encounters with exhibiting artists
- Receive community service hours.
- Build your art portfolio.
- Receive free fine art supplies.

COMMITMENT

If accepted, participant must commit to meetings on every 2nd and 4th Wednesdays during the school year from August through June from 4:30 - 6:00 PM.

TEEN ART COUNCIL

APPLICATION

PARTICIPANT NAME

PARENTS/GAURDIAN

STREET

CITY

STATE

ZIP

AGE

GRADE

PHONE

CELL PHONE

E-MAIL

SCHOOL

ALLERGIES/CONERNS

HOW DID YOU HEAR ABOUT THIS PROGRAM?

TEEN ART COUNCIL

APPLICATION

Tell us about yourself!

Describe your interest in the arts.

Consider one issue affecting your community or peers that you would like to see change.



VIDEO & PHOTOGRAPHY RELEASE FORM

In consideration of any engagement as a model and for other good and valuable consideration herein acknowledged as received, upon the terms hereinafter stated, I hereby grant Nova Southeastern University its legal representatives and assigns, those for whom Nova Southeastern University is acting, with their authority and permission, then absolute right and permission to copyright and use, reuse and publish, and republish video and/or or pictures of me, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, from time to time, in conjunction with my own or fictitious name, or reproductions thereof in color or otherwise made through any media at their studios or elsewhere for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge and agree to save harmless Nova Southeastern University legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof even though it may be subject me to ridicule, scandal, reproach, scorn and indignity. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with contents thereof.

Signature of Individual Photographed/Recorded

Date

Printed Name of Individual Photographed/Recorded

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian

EMERGENCY CONTACT INFORMATION

PARTICIPANT NAME

In the event of an emergency, please contact

EMERGENCY CONTACT NAME

STREET ADDRESS

CITY

STATE

ZIP

Emergency Contact Phone Number

HOME PHONE

CELL PHONE

E-MAIL

WORK PHONE

Additional Emergency Contact

EMERGENCY CONTACT NAME

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

E-MAIL

WORK PHONE