

OPEN STUDIO

INTRODUCTION TO ARCHITECTURE AND DESIGN THINKING



SUMMER INTENSIVE 2019 APPLICATION

Intensive Dates:

August 12th to 16th, 2019 from 3 to 5 PM

Interested in learning about architecture and design?

Join The Miller Hull Partnership for the 2019 Open Studio Intensive: an introduction to architecture and design thinking for 9th through 12th grade students. Learn about the architectural profession, connect with people in design and discover how architecture shapes and engages our world.

Please email your application to openstudio@millerhull.com, or mail a hard copy to:

Open Studio
The Miller Hull Partnership
71 Columbia Street, 6th Floor
Seattle, WA 98104

OPEN STUDIO SUMMER INTENSIVE DUE DATE IS TUESDAY, JUNE 18, 2019.

If you have any questions or need further information, please visit www.millerhull.com/connect/#open+studio, email openstudio@millerhull.com or call 206.682.6837.

Thank you for your interest and we hope to see you this summer!

Open Studio Summer Intensive 2019 Application

PART 1: STUDENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Student Cell # _____ Parent Cell # _____ Other Phone # _____

Student Email: _____ Parent Email: _____

Emergency Contact _____ Cell # _____

School Name and City (2019-20 School Year): _____

Grade (2019-20 School Year): 9 10 11 12

How did you hear about Open Studio? _____

How many years have you attended the Open Studio Intensive? 0 1 2 3

PART 2: STUDENT DEMOGRAPHICS

Yearly Household Income: < \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 > \$60,000

Including yourself, how many people live in your household? 2 3 4 5 6 7 8+

Do you qualify for free or reduced lunch? Yes No

How many adults in your household are employed? 0 1 2 3 4+

Who do you live with? Mother Father Both Grandparent Guardian Other: _____

Is English your primary language? Yes No

How many languages do you speak? 1 2 3 4+

What languages do you primarily speak at home? _____

Educational background: I will be....

The first in my family to graduate high school Yes No

The first in my family to go to college Yes No

Open Studio Summer Intensive 2019 Application

PART 3: STUDENT INTERESTS

What activities have you participated in outside of your required school curriculum? Include any STEM (Science, Technology, Engineering, Math), Visual or Performing Art, or Athletic activities you are involved in.

Are you involved in the Making Connections program? Yes No

Are you involved in the ACE (Architecture, Construction, Engineering) Mentorship program? Yes No

How likely is it that math or science will be a part of your career? Not Likely Some A Lot

How likely is it that technology will be a part of your career? Not Likely Some A Lot

How likely is it that art or design will be a part of your career? Not Likely Some A Lot

How much do you know about the field of architecture? Not Much Some A Lot

At this point what are your career interests? (check all that apply)

- | | | | |
|-------------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> Science | <input type="checkbox"/> Art or Design | <input type="checkbox"/> Medicine | <input type="checkbox"/> Liberal Arts |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Architecture | <input type="checkbox"/> Business | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Math | <input type="checkbox"/> Engineering | <input type="checkbox"/> Law | <input type="checkbox"/> Other _____ |

PART 4: TELL US ABOUT YOU

Answer the following questions: (if additional space is needed these can be submitted on a separate sheet)

1. Why are you interested in the Open Studio Intensive?

2. What do you want to get out of the Open Studio Intensive? How can this program help you prepare for your future?

3. What are some of your biggest challenges or fears when thinking about a career in an architecture or design field?

Open Studio Summer Intensive 2019 Application

PART 5: PARENT/GUARDIAN & STUDENT CONTACT AND MEDICAL FOR PARTICIPATION

Please provide the following information for both the student and parent/guardian.

Student Name: _____

Medical Restrictions: Yes No If yes, explain: _____
Current Medications: Yes No If yes, please list: _____
Dietary Restrictions: Yes No If yes, please explain: _____

Physician's Name: _____ Phone: (_____) _____

Insurance Company: _____ Policy Number: _____

PART 6: PHOTO RELEASE FORM FOR MINORS (IF UNDER 18)

Open Studio and Miller Hull Partnership have my permission to use my or my child's photograph (still and video) publicly to promote Open Studio. I understand that my child's print and/or video images may be used by the media and by Open Studio in publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Yes No

PART 7: PARTICIPANT EXPECTATIONS

Please read through the following list of Participant Expectations and sign below:

1. Student will be asked to participate in Open Studio Activities.
2. Good attendance is encouraged. Open Studio leaders or volunteers should be notified of absences from activities in advance, with the exception of emergencies.
3. For some activities, students and Open Studio volunteers will be walking to locations within the downtown Seattle area to observe architecture projects. Supplemental transportation will not be provided. If required by distance, public transportation will be utilized. In that instance, student will be required to provide appropriate fare for transport. We will alert parents and students in advance of using public transportation.
4. Participants are expected to be respectful of Open Studio staff, property and other attendees.

Parent and Student agree to meet these expectations: Yes No

Open Studio Summer Intensive 2019 Application

PART 8: PARENT/GUARDIAN STATEMENT OF CONSENT

My child, _____, has my permission to participate in the Open Studio Intensive events and activities.

I have spoken with my child about the dangers of the activities and the fact that my child could – for a variety of known, unknown, foreseeable and unforeseeable reasons, including negligence of the Miller Hull Partnership, LLP, Open Studio, its volunteers, employees, representatives, officers and agents – be seriously injured. In consideration of my minor child being permitted to participate in the Open Studio Intensive events and activities and understanding the potential risks involved, I release the Miller Hull Partnership, LLP, Open Studio and its respective directors, officers, agents, volunteers, representatives, and employees (collectively, “Releasees”) from liability for any loss, damage, injury or illness resulting from my child’s participation in this program and accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following any loss, damage, injury or illness resulting from such participation, even if caused in whole or in part by the negligence of the Releasees.

My acceptance of these risks includes agreeing that I, on behalf of my child and myself, promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees resulting from or related to my child’s participation in this program. I also agree to indemnify and save and hold harmless the Releasees and each of them from any and all litigation expenses or costs they may occur due to a claim made against any of the Releasees identified above based on an injury to my child, whether the claim is based on the negligence of the Releasees or otherwise and whether the claim is made by me, or is made on behalf of my child, or is otherwise made.

I certify that my child is in good physical and mental conditions and my child has no special medical or physical conditions which would impede participation in this program. In the case of serious injury or illness, I expressly consent by my signature to the administration of emergency medical care and authorize Open Studio representatives to seek all necessary medical attention for my child, including medical, dental, surgical, emergency or ambulance transportation and the administration of drugs, tests anesthesia and blood transfusion when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of my child to the hospital. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred, and Open Studio and the Miller Hull Partnership and their officers, employees, representatives, agents and volunteers shall assume no financial obligation or liability in case of my child’s accident or illness. I understand that I remain fully responsible for any actions taken by my child.

I also note that though my child will be accompanied much of the time by the Open Studio volunteer staff that they cannot monitor my child 100% of the time. If the Open Studio volunteer staff discovery that my child has left his/her group, or has done something to risk his/her safety or the safety of someone else, I will be called and my child asked to leave the program immediately.

I verify that I have read and understood this document in its entirety and agree to its terms.

Student Signature

Date

Parent/Guardian Signature

Date