

Office Receipt Book Number: _____

Registration Form - Downtown Initiative for the Visual Arts (D.I.V.A.)

Workshop Teen Video: Seed to Scenes - Growing a story idea into script

March 11 - Time: 10:00 AM - 12 Noon

Instructor: Jon Labrousse

FEE: \$10.00

Participant Name: _____ Grade: _____

Note, this workshop is designed for those teens in grades 9-12.

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Payment Method: ___ Check enclosed (# _____) ___ Money Order (# _____)

Make check payable to: Downtown Initiative for the Visual Arts. In memo field note "Teen Video Workshop 3-11-06." Mail to: <i>DIVA 110 W. Broadway, Eugene, OR. 97401</i>

Hold a place for me - I will pay at workshop by: ___ Credit Card ___ Check ___ Cash

Parental Release for Child's Attendance at Film Workshop

By signing here under, I, _____ [print parent's or guardian's name here] as the parent or legal guardian of the child, _____ [print name of child here] grant permission for my child to attend a teen film workshop at the Downtown Initiative for the Visual Arts (DIVA) on the date indicated hereunder. I understand and acknowledge that the staff of D.I.V.A. shall not be responsible for supervising my child when s/he is outside of the D.I.V.A. facility, or after my child has left that premises with or without my permission. As the child's parent or legal guardian, I accept full responsibility for allowing my child to participate in this educational and entertainment opportunity through the Downtown Initiative for the Visual Arts and hold harmless the DIVA staff for any damages or injuries willfully, intentionally or recklessly caused by non-D.I.V.A. personnel, or by my child during this event. I understand that the D.I.V.A. staff shall use prudent judgment and care in the supervision of my child during the D.I.V.A. workshop. I also agree to use of my child's image in DIVA related publicity for future workshops.

By dating and signing hereunder, I acknowledge that I have read, understood and consented to the release of my child to participate in the aforementioned D.I.V.A. event. *I prefer that my child stay at DIVA until picked-up at the conclusion of the workshop at 12:00 Noon. (Circle one: YES or NO)*

Signature of Parent: _____ Date: _____