



DSM Immigrant Heroes Video Workshop Registration

For more information, contact ArtForcelowa at 515 777 3182. Please complete the following form and return it to johnmark@artforceiowa.org or ArtForcelowa, 100 E Euclid. #150, Des Moines, IA 50313

Youth Last/First Name		Date of Birth	Age
Address		Des Moines, IA	ZIP
Parent/Guardian Name			
Participant Cell Phone			
Parent Cell Phone			
Additional Cell Phone			
Country of Origin (or Parent's Origin)			
School		Grade (in the fall of 2014)	
There are two sessions for this workshop. Please circle the one you are available for. If you are available for both weeks, please circle both:			
June 9-13 from 9am to 12pm		June 16-20 from 9am-12pm daily	

Parental Consent to Participate

I give my child permission to participate in the DSM Immigrant Heroes Video Workshop. I will do everything within my power to assure that my child is punctual and participates actively in all five sessions. I understand that ArtForcelowa may refuse my child's participation at any time due to over-registration, inappropriate behavior, absence, tardiness, or any other reason.

Parent Signature _____ Date _____

Photo Release

I hereby authorize the non-profit organization Iowa Arts in Education dba ArtForcelowa to use my child's visual image and his/her creative property developed during participation for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites. I give this consent with no claim for payment.

Parent Signature _____ Date _____

[] I do not authorize Iowa Arts in Education to use my image or creative property.

Liability Waiver

I the undersigned parent, parents or legal guardian of the child listed on this form, do hereby consent to the aforementioned minor's participation in the activities sponsored by or associated with the parties covered by the agreement. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE ACTIVITIES WHICH MAY EXPOSE HIM/HER TO CERTAIN RISKS OF INJURY. I AM FREELY AND VOLUNTARILY ALLOWING MY SON/DAUGHTER TO PARTICIPATE IN THIS PRORAM WITH THE KNOWLEDGE OF THE RISK INVOLVED AND HEREBY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

In consideration of this consent to participate in said programs and activities, I hereby agree, on behalf of said minor and his/her assigns and heirs, to release, defend and hold harmless the parties to this agreement from and against any and all actions, claims, damages (including attorney fees) of liability arising or resulting from his/her participation in the activities sponsored by the parties covered by this agreement including without limitation, damage to or destruction of any property or injury or death to any person. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RELEASEES AND MYSELF AND SIGN IT OF MY OWN FREE WILL ON BEHALF OF SAID MINOR.

Parent Signature _____ Date _____

Participant Covenant – To Be Signed by Youth

We can only accept 20 youth into this program. When you take one of the spots, another youth might not be able to participate. It is very important that you agree to participate fully. When you sign this covenant, you are committing to participate.

Yes! I want to participate in the DSM Immigrant Heroes workshop. I agree to:

- Be punctual every day.
- Participate actively.
- Follow all the rules.

Participant Signature _____ Date _____