

2016 Registration Form

Native Youth Multimedia Workshop

June 15-19th, 2016 (Workshop) and June 20th, 2016 (Film Viewing)

Activity Waiver, Transportation Waiver, Photograph Releases, and Registration Forms Must Be Completed Before Participation. Thanks!

Participant Name: _____

School Name: _____

Age: _____ Shirt Size: _____

Please Circle Your Interest Field(s): Writing Editing Directing Acting
Animation/Art

Enrolled Tribe: _____

Emergency Contacts

Parent/Guardian Contact Name: _____

Parent/Guardian Contact Number: _____

Second Contact Name: _____

Second Contact Number: _____

Please list any medical information, allergies, and/or accommodations to be noted:

Please Contact the Iowa Tribe of Oklahoma Library Department at 1-405-547-2402 ex. 213 for any questions. All forms can be sent to itolibrary@iowanation.org once completed. Thanks!

Note: Participants do not have to be on camera for the actual project (directing, writing, and editing are other options available) but media will be taken of the workshops and events.

Photograph, Film, and Media Consent

_____ I give my child permission to be filmed and photographed during the Native Youth Film Workshop. I acknowledge that the photos may be used in various formats for the newsletter, website, and/or other media associated with the Iowa Tribe of Oklahoma.

In addition, I am aware that Native Youth Multimedia Workshop, Ian Skorodin, and Barcid Foundation may utilize media from this workshop for promotional and informational releases. The created films and projects themselves will remain in ownership of the Iowa Tribe of Oklahoma.

Parent/Guardian Name: _____ Signature: _____

Minor Name: _____ Signature: _____

Activity Consent

I give, _____, permission to participate in the Native Youth Multimedia Workshop sponsored by the Iowa Tribe of Oklahoma Library and Education Departments. I will not hold the Iowa Tribe of Oklahoma, any affiliated individual(s) and/or department(s) associated with the Multimedia Workshop liable for any accidents, injuries, or incidents related to this event. I am aware of the activities that this minor will participate in. I provided all necessary information for the individual listed above in case of an emergency.

Parent/Guardian Print Name: _____

Signature: _____ Date: _____

BARCID FOUNDATION

1801 N. Kingsley Dr. #102 Los Angeles, CA 90027
(323) 466-7400

Date of Project: June 15th-20th, 2016
Project: 2016 Native Youth Multimedia Workshop

I agree to allow the Barcid Foundation unrestricted use of photographs taken of my child in the course of participation in activities during the 2016 Native Youth Multimedia Workshop. I understand the Barcid Foundation intends to use such photographs or video images only in connection with official Native American film festival in Los Angeles (the LA SKINS FEST) and Barcid Foundation publications or media promotions.

Name of Participant (print) _____ Today's Date _____

If under 18:

Name of Parent/Guardian (print) _____

Signature of Parent/Guardian _____ today's Date _____



Iowa Tribe of Oklahoma

R.R. 1 Box 721
Perkins, Oklahoma 74059
(405) 547-4234
Fax: 547-1060

Transportation Liability Release

Name _____ will travel in a vehicle owned/operated by the Iowa Tribe of Oklahoma for official business.

I understand and agree that the Iowa Tribe of Oklahoma, employees, agents, and/ or volunteers cannot be held liable for accident or injuries related to this transportation. This release of liability will be in effect for one year from date indicated below or its withdrawal in writing from signatory.

Parent/Legal Guardian Signature

Date