

2018 T TAURI MOVIE CAMP
RISK AND CONSENT FORM - PAGE 1

A completed copy of this Risk and Consent form must accompany the Registration Form for any of the workshops offered in the 2018 T Tauri Movie Camp. Send the completed Risk and Consent Form, a completed Workshop Registration Form, and the applicable workshop fee(s) to:

T Tauri Film Festival
195 Peel Road
Locust Grove, AR 72550

If your child is participating in more than one workshop, only one copy of the completed Risk and Consent Form is required.

STUDENT INFORMATION

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Entering Grade: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Check the workshop(s) your child will attend:

___ Acting on Camera

___ Brickfilms

___ Smartphone Digital Storytelling

___ Script to Screen

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RISK AND CONSENT FORM - PAGE 2

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT:

I acknowledge that there may be certain dangers, hazards, and risks associated with my child's participation in this activity. I further acknowledge and understand that all risks cannot be prevented. I assert that my child is physically and mentally able, with or without accommodation, to participate in this activity, and is capable of using the equipment, if any, associated therewith. I agree to assume all the risks and responsibilities surrounding my child's participation in this activity, and agree to release from liability and waive any legal action against the T Tauri Film Festival or Ozark Foothills FilmFest, Inc., its governing board, officers, agents, employees, and volunteers, for any personal injury or property damage suffered by my child while participating in this activity or while in transit to or from the premises where the activity is being conducted.

I understand that the T Tauri Film Festival does not provide or have medical services or personnel available at the location of the activity. In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults supervising the T Tauri Movie Camp workshops to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. In the event that personal transportation is used to convey my child to a medical facility, it is expressly understood that the T Tauri Film Festival and Ozark Foothills FilmFest, Inc., its governing board, officers, agents, employees, and volunteers incur no responsibility or liability in the event of an accident or other damages to vehicles or property or injury to drivers or passengers either on the way to or from the facility, or while at the facility.

This acknowledgment applies to the workshop(s) indicated above and any additional activities of the 2018 T Tauri Movie Camp for which I may subsequently register my child.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Name of Emergency Contact: _____

Emergency Contact Phone: _____

Health Insurance Co. and Policy No.: _____

Family Physician Name and Phone: _____

MEDIA RELEASE:

I give my permission for my child to be photographed, filmed, and interviewed, and to have work samples produced totally or partially by my child published in print, in video, and/or on the internet.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____