



## Digital Media Club Registration Form

### Program Description:

Students in **grades 7-12** will meet on **Saturday** mornings (**10 AM–12 PM**) at the **Woodruff Arts Center** to explore the arts and **create films under the guidance of professional teaching artists**. The program includes **14 sessions** that will meet **November-May**. Participation is **FREE**.

### Schedule of Meetings

Theme	Program Dates
Storyboarding	November 1, November 15, December 13
Photography	January 10, January 17
Scripting	February 7, February 21
Filming	March 7, March 21
Post-Production/Editing	April 18, April 25, May 2, May 16, and May 30 (tentative)

### Contact

Please return this Registration Form to Liz Davis, Manager of School & Community Partnerships, at [liz.davis@woodruffcenter.org](mailto:liz.davis@woodruffcenter.org). Registration will be processed on a first-come, first-served basis.

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ and/or \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



## Digital Media Club Media Release Form

I, \_\_\_\_\_, hereby agree as follows:

1. I give and grant for unlimited usage in perpetuity to Arts for Learning, Woodruff Arts Center (A4L), The Woodruff Arts Center (WAC) and their affiliates, as well as their respective agents, contractors, licensees, successors and assignees (herein collectively called the "Licensed Parties"), the right to record, use, copy, publish and copyright the photographs and/or video taken today of my child,

\_\_\_\_\_, and use them in unlimited media, including, without limitation, A4L and WAC web pages and YouTube channels, social media, presentations and print materials. I further acknowledge and agree as follows:

**COMPENSATION:** (Includes usage fees and agents' fees if applicable.)

\$ 0.00  
\_\_\_\_\_

2. I agree that all images, photographs and/or video of my child used or taken by the "Licensed Parties" are owned by them and that they may copyright material containing the same. If I should receive any print, negative or other copy thereof, I will not authorize its use by anyone else.
3. I agree that no materials need be submitted to me for any further approval and the "Licensed Parties" shall be without liability to me for any use, distortion or illusionary effect resulting from the recording, use, copying, or publication of my picture, portrait, or likeness.
4. Nothing herein will constitute any obligation on the "Licensed Parties" to make any use of any of the rights set forth herein.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Student Name: \_\_\_\_\_