

Corvallis Summer Film Studio for Teens 2011 Application and Registration

Our [Web Site](#) has more information on Curriculum, Staff, and other topics.

To apply, please send this completed document and a check payable to:

AnOvation Group LLC
1965 Airport Ave
Corvallis, OR 97333

For questions, [Contact us](#).

Please fill in Participant and Parent information in the table below; intended for students entering grades 7, 8, or 9 in the fall.

Participant	
Name:	Date of Birth:
Street:	Grade Level in Fall:
City:	
State:	Zip code:
Phone:	
E-mail Address:	
Parent / Guardian (fill in where different from Above)	
Name:	
Street:	
City:	
State:	Zip code:
Phone:	
E-mail Address:	

Session Selection

Please indicate your Session choice in the table below.

Date	Mark Session Desired	Enrollment
June 20-July 1		Status
July 5-July 15 <i>(advanced)</i>		Status
Aug 16-Aug 28		Status

Studio Cost and Discounts

The Studio cost is \$300 per session.

Discounts of 10% are offered for early registration. Payments received or postmarked 30 days before the first day of class, get a 10% discount.

Session Times and Meeting Place

Each two week Session meets during the times

Monday – Friday
1:00 pm – 5:00 pm

Meetings for pre-production, post-production and screenings occur at the **BEC**

Benton Enterprise Center
1965 Airport Ave
Corvallis, OR 97333

Meetings for filming participant projects occur at appropriate locations in Corvallis to be determined prior to the filming date. Prior to each on site filming meeting, parents (or legal guardians) will be notified and will provide advance permission for their child or legal charge to take part in the activities on site.

Parent (legal guardian) and Participant Agreements and Terms

ATTENDANCE

The parent (or legal guardian) of the participant (**You**), understand that the participant is expected to attend all sessions unless prior arrangements are made. Furthermore **You** agree to bring your participant to the **BEC** or to the on-site Corvallis filming location promptly at 1:00pm. Furthermore **You** agree to pick up your participant from the location for the day promptly at 5:00pm. Ten minute deviations to accommodate uncertainties are permitted without need for advance notice. Furthermore **You** understand that, unless prior arrangements are made, if **You** are excessively late or early bringing or picking up your participant to or from the session, your participant may be dismissed from the Session and no refund will be given.

BEHAVIOR

The parent (or legal guardian) of the participant, and the participant (**We**), agree to abide by the rules and policies set forth in [The Corvallis Summer Film Studio for Teens Behavior and Emergency Policy](#) which is incorporated herein by this reference. **We** understand that inappropriate behaviors, including failure to follow instructions from those in charge, will be responded to as follows:

1. Verbal warning

2. Verbal warning and call to parents
3. Dismissal from the Session with no refund.

We understand that very serious infractions, such as fighting, or other behavior that threatens, harms, or jeopardizes participants, the equipment, or the learning environment, may result in immediate dismissal and no refund.

EMERGENCY MEDICAL CARE

In case of a medical emergency, the Parent (or legal guardian) named above and undersigned below (**You**), hereby give permission for your child or legal charge, the Participant named above, to receive medical care as needed, for 911 Emergency Response to be called, and for ambulance transportation to a hospital should that be necessary. Furthermore **You** certify that all of the following medical coverage and other information are current and correct and that the Participant is covered by the named plan. **You** also agree to the rules and policies set forth in [The Corvallis Summer Film Studio for Teens Behavior and Emergency Policy](#) which is incorporated herein by this reference.

Please write the requested information in the table below.

Medical, Insurance, Emergency Contact for Participant	
Allergies or Medications:	
Insurance Company:	Group #
Primary Person Insured:	ID #
Emergency Contact #1:	Phone:
Emergency Contact #2:	Phone:
Doctor:	Phone:
Medical Plan:	Phone:

REFUND POLICY

Refunds are not normally given except for very unusual circumstances described below. When refunds are given, they will be in the amount of the original payment minus a \$50 processing fee minus a prorated charge equal to the proportion of the Session that has passed times the original payment. Unusual situations that trigger refunds include grave injury or illness or family emergencies that require dropping out of the Session.

LIABILITY WAIVER

The Parent or Legal Guardian of the Participant named above and undersigned below (**You**) agree to indemnify and hold harmless AnOvation Group LLC, and its owners, officers, employees, agents or instrumentalities (**Indemnified Parties**), from any and all claims, liabilities, demands, suits, causes of actions or proceedings of any kind or nature for losses or damages, including attorney fees and costs of defense, arising out of or resulting from the participation of the Participant in the Corvallis Summer Film Studio for Teens (**The Studio**) and the use of associated facilities by the Participant. The obligation to indemnify and hold harmless specifically includes claims, liabilities, demands, suits, causes of actions or proceedings arising from the negligent acts or omissions of the **Indemnified Parties**. **You** shall defend all claims, suits, or actions of any kind or nature, including appellate proceedings, in connection with the

foregoing in the name of the **Indemnified Parties**, and shall pay all costs, judgments and attorney fees which may issue thereon. Furthermore, **You** understand and agree that participation in The Studio is at the sole and exclusive risk of **You** and the Participant. **You** understand that during participation in The Studio the possibility exists for exposure to foreseen and unforeseen hazards and risks that may or may not be inherent in The Studio. **You** agree to indemnify and hold harmless the Indemnified Parties from and against any and all claims, suits or actions of any kind or nature resulting from or arising out of the participation of the Participant in The Studio or any injuries or damages that occur in connection with The Studio. Furthermore, if **You** are dissatisfied with any portion of The Studio, or with any of these agreements, you understand and agree that your sole and exclusive remedy is to discontinue participation in The Studio. **You** agree, understand and intend that, to the fullest extent allowed by law, all of the foregoing, including the assumption of risk and release of claims, is binding upon you, your heirs, executors, agents, administrators, assigns, and affiliates..

The undersigned Parent or Legal Guardian of the Participant hereby represents and warrants that he/she has full legal authorization to give permission for the Participant to participate in The Studio, and agrees to all of the above terms.

Signature _____ Date _____

The undersigned Participant agrees to abide by the rules and policies of conduct set forth in these statements and discussed with parent or legal guardian:

Signature _____ Date _____