

ASTORIA FILM FESTIVAL WORKSHOP REGISTRATION FORM
Please fill out and scan/email back to astoriafilmfestival@gmail.com

1. PARTICIPANT INFO

Child's Name _____

Age _____ D.O.B. _____ Gender _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Main Contact Phone (_____) _____

Main Email Address _____

2. CHILD IS REGISTERING FOR:

PLEASE ENTER TOTAL COST _____

MUST PAY IN FULL

via PAYPAL to ASTORIAFILMFESTIVAL@gmail.com (OR Venmo @Nina-Fiore, Zelle/Personal Check - ask for info)

-RECEIPTS WILL BE PROVIDED AND SPACE WILL BE SAVED. NOTE THAT SPACE IS NOT SAVED UNTIL PAYMENT IS MADE (unless a special payment plan has been worked out with AFF - please email to ask about that)

3. Q1 DOES YOUR CHILD HAVE EXPERIENCE WITH FILMMAKING/THEATER/ACTING?

(not required - but good to know for lesson planning)

4. Q2 DOES YOUR CHILD REQUIRE ACCOMMODATIONS? Let us know how we can best help them enjoy the class.

ASTORIA FILM FESTIVAL INC. WORKSHOP

Both waivers below must be signed to allow participation in the workshops/film clubs

5. LIABILITY WAIVER

I, the undersigned, give permission for my child to participate in all activities in the ASTORIA FILM FESTIVAL WORKSHOP. As a participant in any program or class of ASTORIA FILM FESTIVAL WORKSHOP, I recognize and acknowledge there are certain risks, and I agree to waive and relinquish all claims I or my minor child may have as a result of participating in any program or class against ASTORIA FILM FESTIVAL WORKSHOP and its officers, agents, servants, employees, volunteers, and independent contractors. I further agree to indemnify and hold harmless and defend ASTORIA FILM FESTIVAL WORKSHOP and its officers, agents, servants, volunteers, employees and independent contractors from my claims resulting from injuries including any damages and losses sustained by me or my minor child that arise out of, in connection with, or in any way associated with the activities of this program. I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____

6. Media Waiver

I hereby permit the use of my, or my daughter/son's, image and video presence in zoom meetings to be photographed, videotaped or otherwise recorded for use in ASTORIA FILM FESTIVAL WORKSHOP films, as well as for publicity, promotional or educational materials, including, but not limited to, videos, websites, newsletters, brochures and various other publications, and on the ASTORIA FILM FESTIVAL WORKSHOP internet webpage and social media platforms (Instagram, Facebook, Vimeo, YouTube, and others that may become used over time.) I understand that I will receive no monetary payment or other compensation in exchange for the rights to use my child's media while at ASTORIA FILM FESTIVAL WORKSHOP.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____