Workshop Registration Form

| APPLICANT IN | FORMATION | | | | |
|-----------------|-----------------|----------------|--------|-----------|--|
| Last Name: | | First Name: | | | |
| Address: | | | State: | Zip Code: | |
| City: | | Cell Phone: | | | |
| Home Phone: | | | | | |
| Age: | Month of Birth: | Year of Birth: | | | |
| E-mail Address: | | | | | |
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FOR PARENTS/ GUARDIANS OF MINORS (UNDER AGE 18)

| Relationship: | Last Name: | First Name: | | |
|-----------------|-------------|-------------|-----------|--|
| Address: | | State: | Zip Code: | |
| City: | Cell Phone: | | | |
| Home Phone: | | | | |
| E-mail Address: | | | | |
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Consent & Release for Interview, Photography, Videotape/Film and Website use

I, _______, hereby agree to the recording of my likeness and/or voice through print, photographs, film, videotape, audiotape, or other audio or video media (e.g., CD, DVD, MP3) for educational broadcast presentations and related educational purposes for use by the University of San Diego (USD). I acknowledge USD's ownership of all recorded materials and agree that USD may my name, voice, likeness, or biography in any reasonable manner for educational purposes. I acknowledge and agree that the USD has the right to reproduce and distribute said materials. I warrant that the use of these materials by USD will not infringe on any other personal or property rights included but not limited to copyright requirements. I understand that I will not be compensated in any manner by USD for the use of said materials.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

| Name: (please print) | | |
|----------------------|----------|---|
| Address: | Phone: (|) |
| Signature: | Date: | |

FOR PARENTS/ GUARDIANS OF MINORS (UNDER AGE 18)

Name of Parent/Guardian: (please print)

| Address: | Phone: () |
|------------|------------|
| Signature: | Date: |

Please return completed and signed form before June 30, 2013

| By Mail: | Trans-Border Institute, University of San Diego 5998 Alcalá Park, San Diego, CA 92110-2492 |
|-----------|--|
| By e-mail | vivienfrancis@sandiego.edu |
| By Fax: | • (619) 260-4161 |
| Drop off: | Escondido Municipal Gallery 262 E Grand Ave Escondido, CA 92025 |

Participant Interest Form

| 1. Why would you like to participate in the Photo documentary Workshop? |
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| 2. What is your experience with photography? |
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| 3. Do you own a camera or cell phone with camera? Please describe |
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| 4. What do you hope to gain when participating in the workshop? |
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| 5. Do you live in Escondido? |
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| 6. What do you like about your community? |
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| 7. What do you dislike about your community? |
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| 8. What are your hobbies and favorite activities? |
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