



**American Friends
Service Committee**

Central Regional Office

4211 Grand Avenue · Des Moines, IA 50312 · 515/274-4851 · fax 515/274-2003 · afscdesm@afsc.org · www.afsc.org

**AFSC Immigrants Voice Program (IVP)
Youth Story-Telling Video Registration**

Participant's First/Last Name _____

Date of Birth: _____ Age: _____

Full Address (including zip code): _____

Print Parent/Guardian's Name (if under 18 years old): _____

Participant's phone (cell #): _____ Email: _____

If under 18 years old, Parent's mobile phone #: _____

Additional number to contact you, and/or Parent/Guardian: _____

Country of origin or any of the parent(s) born outside USA: _____

School's Name: _____ Grade: _____

If you are under 18 years old, please have your parent/guardian read and sign the Parental Consent here below:

I give my child permission to participate in the AFSC Immigrants Voice Program (IVP) Youth Story Telling Video Contest and all of the three required sessions to participate in this contest. I will commit to make sure that my son/daughter is punctually attending these sessions. I also understand that AFSC-IVP can refuse a participant's participation due to over-registration, inappropriate behavior, unjustified absences, tardiness attending the required sessions as participant(s), or any other reason related to the youth's safety and/or for liability to the AFSC-IVP. I understand that transportation needs will be accommodated if the request is made 2 weeks in advance for any of the sessions. I commit to contact Claudia Thrane, IVP's Youth Program Coordinator at (515) 201-3189, to request this service.

Printed Name: _____

Signature: _____ Date: _____

Please be aware that participants will be required to attend at least three training sessions before turning in their video, and two youth leadership development sessions regarding the IVP community organizing work throughout the Spring/Summer. Underage youth will be required to get transportation from their parents or to request transportation 2 weeks in advance of each session. Please know that AFSC's staff will make sure that there will always be at least two adults present in each of the sessions, as requested by AFSC's Youth Guidelines when working with under-age youth.



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Participant's or parent's email: _____

Photo/video release authorization:

Only for participants under 18 years old:

() I do authorize AFSC to use/own only my son/daughter's contest video.

() I do authorize AFSC to use all image/creative property related to my son/daughter's participation in the IVP Story-Telling Video Contest

I hereby authorize the American Friends Service Committee (AFSC) and/or the AFSC Immigrants Voice Program to use my son/daughter's visual image(s) and his/her creative property developed during or as a result of his/her participation in the IVP Story-Telling Video Contest, and that from the time of registration the rights to these materials will become the proprietary copyrights of the American Friends Service Committee for their use as still photography, videotape, electronic and/or print publications, websites or any other electronic or social media. I give this consent with no claim for payment.

Print Parent's Name: _____

Signature: _____ Date: _____

Only for participants ages 18-26:

() I do authorize the non-profit American Friends Service Committee all proprietary/copyright rights of the image or creative materials as a result of my participation in the IVP Story-Telling Video Contest.

Liability Waiver: I the undersigned Participant, hereby consent to free AFSC/IVP of any liability for any activities/transportation risks as a result of my participation or while participating in the Story-telling Video Contest participants' sessions. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN I AND AFSC/IVP, AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Name: _____ Signature _____

Date: _____. I understand that this is part of my participation in the contest.