ACT Workshop Registration Form

Name_____ Workshop Date: Tuesday, November 20, 2018

High School_____ Grade Level:_____

Have you taken the ACT test before? ☐ Yes ☐ No

Payment of $25 Enclosed: ☐ Cash ☐ Check (Make check payable to UCM)

Student Contract for Participation

Because of the uniqueness of I-TV, certain standards are expected of students enrolling in this workshop.

- Insubordination (behaviors or incidents that interfere with teaching or learning in the classroom) will not be tolerated.
- Inappropriate language or gestures will not be tolerated
- Because of the technology, anything I do in the classroom can be recorded at any time.
- I will follow all the rules as specified by the facilitator.

Further, I understand that if I am found to be in violation of any of the policies listed above, I will be subject to removal from the workshop and no refund will be given.

Talent Release

As a participant of a WeMET Interactive Television workshop, I understand that various press releases and videotapes may be produced which might include a picture or video shot of me. I hereby assign and authorize the WeMET Consortium the authorization to use, and the right (all rights) in and to such photographs and videotapes. I also authorize the WeMET consortium, without limitation, the right to reproduce, copy, exhibit, publish, or distribute any such photographs and videotapes. I also waive all rights or claims I may have against the WeMET Consortium and/or any of its Affiliates, Subsidiaries, or Assignees other than as stated in this agreement.

_____ _____ _____
Signature of Student Age Date

_____ _____
Signature of Parent Date