

Caffeine[®]

A C A D E M Y

DJ | MUSIC | VIDEO | PRODUCTION | EDUCATION

CAFFEINE ACADEMY 1015 SUNRISE HIGHWAY WEST BABYLON NY 11704 (631) 321-8800

TODAY'S DATE

STUDENT LEGAL NAME

ADDRESS

PHONE IF OVER 18

EMAIL

<input type="text"/>	<input type="text"/>
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PARENT / GUARDIAN NAME(S)

PHONE

EMAIL

<input type="text"/>	<input type="text"/>
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WHICH CLASSES ARE YOU MOST INTERESTED IN: **CHECK ALL THAT APPLY**

DJ / MUSIC & VIDEO COMBO

MEDIA / VIDEO PRODUCTION

MUSIC PRODUCTION

DJ CLASSES

DO YOU HAVE ANY EXPERIENCE?

WHAT GENRE OF MUSIC DO YOU PREFER?

DO YOU PLAN TO USE THE SKILLS YOU ACQUIRE AS A HOBBY OR FOR PROFESSIONAL PURPOSES?

DO YOU HAVE ANY PROBLEMS WITH OR SENSITIVITY TO FLASHING OR STROBE LIGHTS? IF SO, EXPLAIN.

HOW DID YOU HEAR ABOUT US?



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VIDEO / PHOTOGRAPHY RELEASE FORM

I hereby grant Caffeine Academy the irrevocable right and permission to *use* photographs and/or video recordings of me on Caffeine Academy and other social media and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product.

I hereby release, acquit and forever discharge Caffeine Academy and employees of the above-named from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name, or, *if* I am less than eighteen years old or cannot contract in my own name, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

SIGNATURE OF INDIVIDUAL PHOTOGRAPHED / RECORDED

DATE

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PRINTED NAME OF INDIVIDUAL PHOTOGRAPHED / RECORDED

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SIGNATURE OF WITNESS

DATE

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If individual photographed/recorded is under eighteen (18) years old or cannot contract in their own name, the following section must be completed: I have read, and I understand this document. I understand and agree that it is binding on me, my child or adult (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child or adult named above.

SIGNATURE OF PARENT / GUARDIAN OF INDIVIDUAL PHOTOGRAPHED / RECORDED **DATE**

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PRINTED NAME OF PARENT / GUARDIAN

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SIGNATURE OF WITNESS

DATE

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