

Student Name _____ Period ____ Parent Name _____

Terms & Conditions of Service

My student and I have read and understand the following online documents for:
Animation Level 2

Student Signature Parent Signature Date

All documents can be located at: **www.grnadapw.weebly.com**

	Student Initials	Parent/Guardian Initials
1. Course Syllabus: Animation 2	_____	_____
2. Viewing of Films/Media	_____	_____

Due to the cost of equipment and consumable materials used by students and groups, we ask that each student donate \$20.00 toward these expenses each trimester. No student will be denied access to the class because of an inability to make the donation. If you are able to donate more to our class, it is appreciated and is tax deductible.

Payment may be in the form of a check or cash. Please make checks payable to "Granada High School" and return this form to the teacher as soon as possible.

☐ We are making a donation to the program right now. We've attached _____.
(Please staple a check or cash to the top of this form. We'll detach it when processing it and send back a donation receipt.)

Granada Supporters Bingo has begun fundraising at Granada by hosting Bingo on Saturdays. It's an incredible fundraiser, but needs volunteers to help it run. There are a variety of volunteer positions available and the time you donate quickly becomes funds available for our program to use. Each hour volunteered has raised between \$13 & \$28.

☐ We're interested in raising funds for Animation by volunteering at Granada Supporters Bingo.
Please contact me with more information.

Parent Email: _____ Parent Phone: _____

Please return this document, your Model/Actor Release Form (on back), and your donation (if possible) during the first week of class. If you're not able to make a donation right now, but can in the future, please utilize the donation form located on my website.

Thanks so much and I'm sure that we're going to have an awesome trimester in Animation 2.

Animation Model/Artist Release Form

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, video, audio recordings, drawings and/or images which have/will be taken/created from (start date) _____ to (end date) _____ negative or positive, digital or analog, for any purpose whatsoever, without further compensation to me. All negatives and positives, video footage, audio recordings, drawings and/or digital images, together with any and all prints, tapes, or discs shall constitute your property, solely and completely.

Model/Artist Printed Name _____

Model/Artist Signature _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Witnessed by (printed name) _____

Signature _____

If Model/Artist is under the age of 18:

Signature of Parent or Guardian _____

Date _____