



TUPAC AMARU SHAKUR FOUNDATION

TUPAC AMARU SHAKUR CENTER FOR THE ARTS

PAC's Kids Leadership & Arts Camps Registration Application

ATLANTA

Date: _____

Full Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Shirt Size (Circle): S M LG XL

Email: _____ Date of Birth: _____ Age: _____

Current School: _____

What organizations (clubs, societies, community services, etc.) do you belong to?

Parent or Guardian Contact Information:

Name: _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ Zip: _____

(If different from above)

Daytime Phone: _____ Evening Phone: _____ Mobile: _____

Email: _____

ATLANTA CAMP DATES: June 1 – July 18, 2009 9-4p Pac's Kids Summer Show - July 17-18, 2009

Please sign below and return with the 2009 Application.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____

Tupac Amaru Shakur Foundation
T.A.S.C.A.
5616 Memorial Drive
Stone Mountain, GA 30083
Tel: (404) 298-4222 · Fax (404) 298-4223
www.TASF.org www.2PAClegacy.com



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PARENTAL PERMISSION & RELEASE

I grant permission to the Tupac Amaru Shakur Foundation, Inc. to use any photographs, video or audio recording of my child in connection with promotion or publicity, in any manner and in any and all media. _____ Initial

I, the undersigned grant the Tupac Amaru Shakur Foundation, Inc. permission to take my child to offsite locations under the discretion of the TASF staff, in connection with the PAC's Kids Performing Arts Program. _____ Initial

I, the undersigned am aware that once my child leaves the Center or any location of a PAC'S KIDS rehearsal, meeting, or performance, the Tupac Amaru Shakur Foundation, Inc., the venue, nor any staff members, will be held responsible for any accident or injury, which may occur to my child. _____ Initial

The Tupac Amaru Shakur Center for the Arts will not release a child to anyone other than a parent or legal guardian, unless authorized to do so in writing. Please complete this portion of the registration to give permission to someone other than yourself to pick up your child.

NAMES

PHONE #

My child has permission to release his/herself: No Yes _____ Initial

MEDICAL RELEASE AND INFORMATION

Medical Release and Information: The Tupac Amaru Shakur Foundation, Inc. is committed to providing individual attention to each PAC's KID 2009 participant. To ensure the good health and safety of our students, please complete and return the attached Medical Release Form. Students will NOT be accepted without the signed Medical Release Form.

I hereby give The Tupac Amaru Shakur Center for the Arts personnel permission to see that my child receives medical treatment in the event of an emergency. I will be financially responsible for all charges incurred in the rendering of emergency treatment, regardless of my medical insurance coverage. _____ Initial

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TUPAC AMARU SHAKUR FOUNDATION, INC. RELEASE AGREEMENT

This Release confirms the agreement as of _____ (Date), between _____ (“You”) and Tupac Amaru Shakur Foundation (“Licensee”) regarding Licensee’s use of your name, image, likeness, voice and Your interview material (collectively referred to as the “Licensed Material”) in connection with Your interview and/or depiction (the “Depiction”) for Licensee’s production of a production in connection with Licensee’s fundraising activities for the Tupac Amaru Shakur Foundation’s Center for the Arts (the “DVD”).

1. In consideration of the one-time payment to You in the amount of Zero Dollars (\$0.00) (the “Fee”) and other good and valuable consideration (receipt of which is hereby acknowledged), You hereby grant Licensee, as of the date hereof, an irrevocable, worldwide, perpetual, non-exclusive license (the “License”) to use the Licensed Material in the _____, which license includes, without limitation, the use of Licensed Material in the advertising, promotion, marketing, merchandising and other exploitation of the _____, in any manner and in any and all media, for any and all known or hereafter existing or devised uses, media and/or forms, including, without limitation, the exploitation of the Licensed Material in all motion picture, television and ancillary and subsidiary rights therein, including, without limitation, all Internet/multimedia distribution and exhibition, records and videocassettes/DVDs, and all other forms of publishing, and in any museum exhibition any of which utilizes any part of the _____.

2. You hereby waive any rights to privacy or publicity, whether granted by statute or common law, that You may have in connection with the Depiction. You understand and agree that You shall have no right of review or approval in connection with Licensee’s use of the Depiction in connection with the DVD as delineated in this Release.

3. You hereby represent and agree that You will not bring, institute or assert, or consent that others bring, institute or assert, any claim or action against Licensee or its successors, licensees, agents or assigns, on the grounds that anything contained in the Interview, including without limitation, any rights and claims relating to copyright, liability, moral rights, rights of privacy and/or publicity or confidentiality and any rights and claims relating to descriptions, conclusions, quotes and/or paraphrases of or from You, or in the advertising and publicity issued in connection therewith, is defamatory, reflects adversely on You, or violates any other rights whatsoever, including, without limitation, Your rights of privacy and/or publicity, or any other personal or proprietary rights, and You hereby release Licensee and its successors, licensees, agents and assigns from and against any claims, demands, actions, causes of action, suits, costs, expenses, liabilities and damages whatsoever that You may now or hereafter have against Licensee or its successors, licensees, agents or assigns, in connection with Your Depiction and/or DVD and the preparation, production, performance, broadcast, exhibition, distribution and/or exploitation thereof, or any other use or exploitation of the rights granted to Licensee hereunder;

4. You agree that Licensee shall own all copyright, including, without limitation, all renewals and/or extensions thereof, in and to the DVD (which may include portions of the Licensed Material) and otherwise in connection with the DVD, and the exploitation of the Licensed Material as delineated above in any and all media, in perpetuity, worldwide, for any and all known or hereafter existing or devised uses, media and/or forms, including, without limitation, the exploitation of the Licensed Material in all motion picture, television and ancillary and subsidiary rights therein.

5. You further represent and warrant that You are free to enter into this Agreement and grant to Licensee all rights herein granted and to release all matters herein released; and that Licensee shall not be obligated to obtain any further consent from You, or make any payment to You except as specifically set forth in this Agreement, or to exercise any or all the rights granted to Licensee hereunder.

6. You agree that Licensee shall have the right to assign this agreement, and any of its rights hereunder, in whole or in part, to any person, firm or corporation; and nothing contained herein shall be construed to be or operate in derogation or limitation of any rights to which Licensee may be entitled as a member of the public even if this Agreement was not in existence.

It is the intent of the parties here to that this agreement shall be a binding agreement upon the parties and cannot be modified without the written approval of both parties whether or not a more formal agreement incorporating the terms outlined in this agreement is ever entered into.

Please sign this agreement where indicated below to indicate your understanding and agreement with the terms contained herein.

ACCEPTED AND AGREED:

“Parent/Guardian”

TUPAC AMARU SHAKUR FOUNDATION, INC.

By: _____

Student’s Name _____

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Student Medical Release Form			
Name (Last)		(first)	(middle)
Address (Street)		(City)	(State) (zip)
Telephone ()		Email	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YR) / /		Age
Parent/Guardian Information			
Name (Last)		(first)	(middle)
Telephone (Home) ()		(Work) ()	(Cell) ()
Email (Home)		Email (Work)	
Health Insurance Information			
Health Insurance Carrier			
Carrier Telephone ()		Fax Number: ()	
Policy Number		Has the student had a physical exam in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Doctor: _____ Medical Facility: _____ Phone: _____ Address: _____			
Please list physical injuries or chronic health problems that we should be aware of, e.g. asthma, epilepsy, knee injury, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ _____		Please list any mental / emotional disorders, Attention deficit disorder, hyperactive or learning disorders, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ _____	
Does student take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____		Does student wear glasses and/or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does student have any medical allergies or restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does student have any food allergies or dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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If yes, please list: _____

If yes, please list: _____

For Your Doctor To Fill Out (optional):

Student Name _____

Please attach a copy of your child's vaccination records

I, the undersigned, have examined the above named child and found her/him to be in good health and able to participate in all **Tupac Amaru Shakur Foundation, Inc.'s 2009 Performing Arts & Leadership Camps**, programs, classes, workshops, entertainment activities, and events.

Family Doctor: _____ Medical Facility: _____

Phone: _____ Address: _____

Address: _____ Phone #: _____

Fax#: _____