



Digital Media Arts

November 19, 2009

9:00am to 1:00pm



Looking to Decide on Your Major or Find Your Career Direction?

DATE/TIME:

November 19, 2009

8:30am–1:00pm

Lunch Included

LOCATION:

Coastline Community
College - Garden Grove
12901 Euclid Street
Garden Grove, 92840

LIMITED

REGISTRATION:

Bonnie Frederickson

949-646-2520

FAX 949-646-2523

bonnie@vitallinkoc.org

Want to know how to get started on your career path?

The Digital Media Arts Program at Coastline College is where you can begin. You will learn about careers in:

- Graphic Design
- Animation
- Game Development
- Web Design
- 3 D Modeling

Attend this exciting program and meet professionals, try your hand using the software and find out what it takes to launch a career using your graphic arts talents.



Vital Link – Career Exploration Programs
Connecting Students To Their Future

2009-10 General Registration

- Advance registration required
- Submit one registration form per group

____ YES, I want to register to attend the _____ Program

Cost per person \$ _____ Total Cost \$ _____
(If cost is unknown, leave blank)

Lunch Option _____ No Lunch Provided Option _____

____ Students* ____ Teachers ____ Counselors ____ Other

Name: _____ Title: _____

School: _____ District/Affiliation : _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Send confirmation to e-mail address: _____
(e-mail required—If student, use teachers address)

Submission of this form and the attached registration sheet does not constitute a guarantee of attendance. Many Career Exploration Programs can accept a limited number of students. Vital Link reserves the right to confirm registration.

Please note that a P.O. or payment will be required before registration confirmation.

Contact Vital Link for further information:

Mail or fax this form to Bonnie Fredrickson

Bonnie@vitallinkoc.org

949-646-2520

949-646-2523 Fax

P.O. Box 12064

Costa Mesa, CA 92627

***PLEASE LIST STUDENTS ON THE ATTACHED SIGN UP SHEET**

RELEASE AND ASSIGNMENT
(For Minor – 17 years and younger)
(If you are 18, you may sign for yourself)

Vital Link is holding a _____((name of program) Career Exploration Program that will take place on _____ (date) at _____(venue). This Release and Assignment must accompany the student to the event and be presented at check-in.

The Program will include the following activities:

- 1) Displays of career exploration resources for students and educators.
- 2) A presentation by business/industry professionals demonstrating their areas of responsibility.
- 3) Interaction with the professionals to discuss the skills needed and educational requirements for their position.

Vital Link, its authorized employee, representative or agent plans to take videotapes, motion pictures, digital pictures and/or photographs of students (all of which are herein called Pictures) as a part of participation in the Career Exploration Program.

With respect to all such Pictures, and any reproductions of the pictures in any and all medium, I hereby irrevocably:

- a) Consent to and authorize their use by Vital Link, or anyone authorized by Vital Link, for reproduction, distribution, sales and exhibition for any purpose and in any medium whatsoever including (but not by way of limitation) the sale, publication, display and exhibition thereof for educational purpose and for promotion, advertising and trade, without any compensation or notice to me.
- b) Consent to the use of my name as a participant of the Forum.
- c) Grant and assign to Vital Link the right to secure copyright throughout the world in the name of Vital Link, or otherwise on the Pictures and any reproductions of same in any medium.
- d) Release, discharge and acquit Vital Link from any claims, demands or causes of actions that I hereinafter have against Vital Link by reason of anything contained in such Pictures and reproductions thereof or in the advertising or publicizing thereof.

This release and assignment shall inure to Vital Link's benefit, as well as to the benefit of Vital Link's subsidiaries, affiliates, license, successors and assigns, if any.

Name of Minor (Please Print)

School

District

I represent that I am the (parent) or (guardian) of the above named person. I hereby consent to the foregoing on (his) or (her) behalf.

Date

Signature of Parent /Guardian

Date

Signature of Student (if over 18)

**COAST COMMUNITY COLLEGE DISTRICT
VOLUNTARY ACTIVITIES PARTICIPATION FORM**

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

I, _____ ("Student/Participant"), _____

(Student Identification Number), wish to participate in the Coast Community College District ("District")
sponsored activity of _____ ("Activity") at _____

(college)].

I understand and acknowledge that this Activity may be dangerous, hazardous, and by its very nature, pose the potential risk of severe and serious physical and emotional injury, illness, or even death, to all individuals who participate in such Activity.

_____(Initials) **I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THIS ACTIVITY, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR, ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH, WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH ACTIVITY. I represent and warrant that I am mentally and physically fit, capable, able, and willing, to participate in this Activity without any limitation.** I assume full and sole liability for the use of my own vehicle in traveling to, during, and from, this activity.

I understand, acknowledge, and agree, that the District, its trustees, employees, agents, coaches, teachers, volunteers, and representatives, shall not be liable for any injury or illness suffered by Student/Participant which is incident to, and/or associated with, preparing for, and/or participating in, this Activity.

I hereby release, discharge, indemnify, and agree, to hold harmless District, District's governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives, free from any and all liability, arising out of, or in connection with, Student/Participant's participation in this Activity, including all related activities such as games, practices, training activities, trips, and related exercise. For purpose of this **VOLUNTARY ACTIVITIES PARTICIPATION FORM ("FORM")**, "liability" means all claims, demands, losses, causes of action, suits, or judgments, of any kind, that Student/Participant, or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns, may have against District, , and its trustees, employees, agents, coaches, teachers, volunteers, and representatives, because of Student/Participant's personal, physical, or emotional, injury, accident, illness, death, or because of any loss of or damage to property, that occurs to Student/Participant, or his or her property during Student/Participant's participation in the Activity, that may result from any cause, including but not limited to, District's, trustees', employees', agents', coaches', teachers', volunteers', or representatives', own passive or active negligence, or acts other than fraud or willful misconduct.

_____(Initials) **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND THAT I UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO ENGAGING IN THIS ACTIVITY, AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF THIS FORM , AND AGREE TO ITS TERMS AND CONDITIONS, AND UNDERSTAND THAT I AM WAIVING CERTAIN RIGHTS, AND ASSUMING THE RISK OF DAMAGE FROM MY PARTICIPATION IN THE ACTIVITY.**

Student/Participant's Signature	Date
Parent/Guardian's Signature (required if Student/Participant is a minor)	Date
District's Signature	Date

Rev. 3/27/2009