



pablove shutterbugs
a program of the pablove foundation

PARTICIPANT APPLICATION

**Enclosed you will find an application to enroll in the
Pablove Shutterbugs Photography Program**

Pablove Shutterbugs, the signature arts program of The Pablove Foundation, teaches children living with cancer to develop their creative voice through the art of photography. Learning photography concepts alongside other kids undergoing similar experiences empowers our students to express themselves, exercise their independence, and practice new ways of seeing – all while having fun! Lessons are provided to pediatric cancer patients ages 6-18 years old. There is no cost for children to participate in this program. All supplies and equipment are provided by The Pablove Foundation.

Please scan and email the completed application, including the doctor's consent form, to shutterbugs@pablove.org, fax to (323) 952-2897, or mail to:

The Pablove Foundation
6607 W. Sunset Boulevard
Los Angeles, CA 90028
Phone: (323) 657-5557
Fax: (323) 952- 2897

Please return pages 1-7 to Pablove and keep the cover pages for your reference. **Applications are accepted on a rolling basis.**

If you have any questions, please do not hesitate to contact The Pablove Foundation at (323) 657-5557. For more information about The Pablove Foundation or the Pablove Shutterbugs program, please visit pablove.org.

We are very excited to begin working with you!



About The Pablove Shutterbugs Photography Program:

♥ Program Description:

- **Who We Serve:** Pediatric oncology patients
Age Group: 6 – 18 years old
- **What We Offer:** Classes and workshops in digital photography.
- **When + Where:** Classes take place on Saturdays in an outpatient location.*
Please visit pablove.org or see your child life specialist or social worker for more information.

**With the exception of the 5-Day Summer Camp in Los Angeles, which takes place Monday-Friday.*

Dates: _____

Times: _____

Location: _____

♥ Photography Program Details:

- **Lessons:** During each class students learn a new lesson in photography concepts and technique.
- **Supplies:** We will supply each child with a camera kit and the materials needed for the program.
- **Homework:** Students will complete photo assignments.
- **Graduation:** The last day of class is graduation, where we celebrate our students' accomplishments with a ceremony and presentation of their work.
- **Gallery Show:** Student work will be exhibited at a public exhibition in a professional gallery in the future.

♥ Questions? Here's how to get in touch with us:

Website: pablove.org

Email: shutterbugs@pablove.org

Phone: (323) 657-5557

Fax: (323) 952-2897



PARTICIPANT APPLICATION

Please complete all of the information on this application and return it to The Pablove Foundation or your child life coordinator. Any missing information may hinder your participation in the program.

SESSION APPLYING FOR: (Check One)

5-Week Session: Courses in photography consisting of five (5) weekly 2-hour group classes that will take place on Saturdays. Available in the following locations:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Akron, OH | <input type="checkbox"/> Austin, TX | <input type="checkbox"/> Denver, CO | <input type="checkbox"/> Bethlehem, PA |
| <input type="checkbox"/> Fargo, ND | <input type="checkbox"/> Greenville, NC | <input type="checkbox"/> Miami/Doral, FL | <input type="checkbox"/> Hackensack, NJ |
| <input type="checkbox"/> New York, NY | <input type="checkbox"/> New Orleans, LA | <input type="checkbox"/> Palo Alto, CA | <input type="checkbox"/> Philadelphia, PA |
| <input type="checkbox"/> Portland, OR | <input type="checkbox"/> Stony Brook, NY | <input type="checkbox"/> Tacoma, WA | |

8-Week Mentorship Session and 5-Day Summer Camp:

- Los Angeles, CA Other _____

STUDENT NAME _____ DATE _____

PARENT OR GUARDIAN _____

PARENT OR GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____

PARENT EMAIL ADDRESS _____

STUDENT EMAIL ADDRESS _____

WORK # _____ CELL # _____

STUDENT AGE _____ STUDENT DATE OF BIRTH _____



Gender of Student:

- Male Female

Language spoken by:

STUDENT _____ PARENT _____

Each student will receive a Pablove Shutterbugs T-Shirt. Please specify T-Shirt Size of the child:

- Child Medium Adult Unisex Small Adult Unisex Medium Adult Unisex Large

ETHNIC BACKGROUND:

- African American Anglo American Middle Eastern
 Asian American Latino/Hispanic Decline to state
 Native American Other _____
 Multiethnic _____

EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____



PARENT/ GUARDIAN PARTICIPATION CONSENT / RELEASE FORM

To be completed by parent/guardian if participant is under 18 years old.

_____ (the "Student") has my permission to participate in the Pablove Shutterbugs program.
(Print student name)

In consideration of the Student being permitted to participate in the Pablove Shutterbugs classes, I, on behalf of myself and the Student hereby waive, release, discharge (i.e., give up), and covenant not to sue the Pablove Releasees for any Liability that may arise at any time relating to the Student's participation in the Pablove Shutterbugs classes or the Pablove program. "Liability" includes all claims for damages or other remedies for death, personal injury, property damage, or other loss, whether arising out of negligence or carelessness on the part of the Pablove Releasees or otherwise. The "Pablove Releasees" are the Pablove Foundation, and its employees, directors, volunteers, any affiliated medical institutions, and any and all agents of the Pablove program.

I authorize and consent to the disclosure and use of the Student's medical diagnosis and other medical information to determine the Student's eligibility and any limitations or restrictions to participation in the Shutterbugs program. My physician, as well as his/her authorized representatives, is authorized to fill out, and provide to Pablove any forms that Pablove may require; including forms relating to the Student's medical eligibility, the requested activity, and related medical considerations.

In the event that the Student's parent or guardian is not present, I authorize an agent of the Pablove Foundation to obtain emergency medical treatment for the Student as required, and release the Pablove from any Liabilities associated with such medical treatment. I hereby represent that the Student is of sufficient health to participate in the Pablove Shutterbugs classes and that there are no medical restrictions that would prevent or limit the Student's participation.

In all other (non-emergency) circumstances in which the Pablove participant may need medical care while participating in the Pablove program, I hereby consent to the provision of first-aid care to the participant as deemed appropriate and necessary until I can be contacted to consent to further treatment (if any is needed).

These consents will remain in effect for as long as the Student is participating in the Pablove program.

X Student Signature _____ **Date** _____
(if student is 18 years old or older)

X Parent/Guardian Signature _____ **Date** _____
(if student is under 18 years)



MEDICAL INFORMATION

Every item on this page must be completed

ONCOLOGY DIAGNOSIS _____

DATE OF DIAGNOSIS _____ HOSPITAL TREATED AT _____

NAME

PHONE

PRIMARY PHYSICIAN _____

MEDICAL SPECIALIST _____

Are you still receiving treatment? _____ If no, how long has it been? _____

ALLERGIES (medications, food, etc.) _____

Please answer the following questions:

Do you use a wheelchair, walker or cane?
 Yes No Sometimes

Do you have difficulty speaking clearly?
 Yes No

Do you have good use of both hands?
 Yes No

Do you have a vision or hearing impairment?
 Yes No

Please list any other special assistance you may need during class:

How did you hear about Pablove Shutterbugs?

Social Worker

Child Life

Nurse/Doctor

Word of Mouth

Other Agency

Online

Please list name of person who referred you: _____



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DOCTOR'S CONSENT

(May be completed by patient's specialist or primary physician)

My patient, _____
(student name)

(DOB) _____ (Oncology diagnosis)

is able to participate in the following activities through the Pablove Shutterbugs program:

(Activity #1) Photography Classes

(Activity #2) Field Trip Activity

Please list any physical limitations or special concerns:

Physician Name _____

Physician Signature _____ Date _____

Telephone Number _____



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EXPECTATIONS OF A PARTICIPANT AND PARENT

We expect our program to be the best of its kind. In order for your lessons to be safe, fun, and enjoyable for all, we have some expectations we would like you to review before going to your first lesson. After you have read this, please sign the letter and return it with your application.

1. We expect each participant to treat the instructor, volunteers, and other members of the lesson with mutual respect and consideration.
2. As a community, your instructor, volunteers, and Pablove Staff have dedicated time and planning to make your experience both educational and enjoyable. We ask that you attend each lesson to the best of your ability, and notify us in advance if you cannot make class due medical reasons. We also ask that you come on time and complete your photo assignments in a timely manner.
3. Special care and respect should be given to the property where your lessons will take place. Remember that you are guests and your opportunity to take these lessons depends on your behavior.
4. You will have many opportunities to interact with your instructor and with other students. We expect participants to conduct themselves in such a way that upholds our high Pablove standards.
5. During any Pablove activity, the use or possession of alcoholic beverages, cigarettes, drugs, or sexual activity by participants is not allowed.
6. The Pablove Foundation will be serving healthy snacks, juice, and water during the session. Please list any food allergies or limitations for your child. While the Foundation will do its best to announce menu items in advance, it is the responsibility of the parent/guardian to monitor and communicate to your child about their dietary needs and restrictions.
7. Pablove only reveals personal information about you or your medical history to the volunteers on a need to know basis. However, you are welcome to talk to them about your feelings, frustrations and concerns.
8. All class scheduling must go through Pablove Foundation staff. If you cannot attend a lesson, you must notify your instructor directly.
9. You are expected to notify Pablove at least two (2) hours in advance if you are unable to attend class due to medical issues. If you miss or are late to two (2) classes without notifying Pablove, you may not be eligible for any lessons in the future.
10. If you are unable or choose not to continue with your lessons you must contact your instructor to make the appropriate changes immediately.
11. Pablove loans materials to students for use during their lessons to enhance the learning experience. We ask that you take good care of the loaned materials.
12. During the Pablove Shutterbugs session, only Shutterbugs students are permitted to use the camera.
13. Pablove reserves the right to terminate participation if any of these expectations are not met.

Please respect the guidelines we have set in place, as they are designed to maximize your experience and provide you with the most beneficial learning environment. If unacceptable behavior continues, your participation in the program will be restricted. I have read the above letter and agree to abide by the expectations.

X Student Signature _____ **Date** _____

X Parent/Guardian Signature _____ **Date** _____



PARTICIPATION WAIVER: PARENT/GUARDIAN NOT PRESENT

Parents are welcome and encouraged to attend class with their child and wait in our family room while their child is participating in group classes. However, there are times that parents need to step out of the classroom setting for any number of reasons. This waiver is to be completed by a parent/guardian if participant is under 18 years old and plans to attend Pablove Shutterbugs group class with or without a parent or guardian present. All parents who have children under 18 years must sign this waiver in order for their child to participate in the program.

_____ (the "Student") has my permission to attend the Pablove Shutterbugs group classes without the supervision of a parent or guardian. It is my responsibility to drop-off the Student and pick up the Student on time after class is finished.

X Parent or Guardian Signature
(if participant is under 18 years)

Date: _____



STUDENT NAME AND LIKENESS AND WORK PRODUCT CONSENT FORM

I, _____, hereby irrevocably and perpetually grant to The Pablove Foundation (“Pablove”) the right to use my image, voice and likeness (collectively, “Contributions”) for all unrestricted purposes as Pablove may see fit, including fundraising activities. I further understand and agree that Pablove shall own all rights to any photographs, recordings, films, books, pamphlets, brochures and other written media or materials based in whole or in-part on my Contributions.

I hereby irrevocably and perpetually grant to Pablove a worldwide, royalty-free, exclusive license to (a) use, reproduce, distribute, display and perform (whether publicly or otherwise), publish, prepare derivative works of and otherwise modify, make, commercialize, sell, offer to sell, import and otherwise use and exploit (and have others exercise such rights on behalf of Pablove) all or any portion of any photographs taken by me during my involvement in the Pablove Shutterbugs Program, by themselves or in combination with other items, in any form or media (now known or later developed) including electronic format; and (b) modify all or any portion of such photographs, including, without limitation, the making of additions to or deletions from such photographs, regardless of the medium (now or hereafter known) into which such photographs may be modified and regardless of the effect of such modifications on the integrity of such photographs. The rights granted to Pablove include the right to sublicense such rights. I further grant Pablove the right to use, at Pablove’s sole discretion, my name and likeness in association with the photographs in published form and in advertising and promotional materials.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy that may be used in connection therewith and any right that I may have to control the use to which said product, products and/or copy may be applied. I understand that I will not receive any compensation for any publication or broadcast of these materials.

I hereby release, discharge and agree to save Pablove and their legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

X AGREED AND ACCEPTED BY STUDENT _____ **DATE** _____
(STUDENT SIGNATURE)

X PARENT’S SIGNATURE (if participant is under 18 years old) _____
(PARENT SIGNATURE)