



pablove shutterbugs
a program of the pablove foundation

PARTICIPANT APPLICATION

**Enclosed you will find an application to enroll in the Pablove Shutterbugs
Los Angeles 8-Week Session 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.

During the 8-week course, students are paired with a professional photography mentor that works with them one-on-one at their home and students also attend group classes with other students in a classroom setting. The program consists of four (4) one-hour individual classes that take place on Saturdays at the student's home, one group field trip excursion on Sunday, March 22, and three (3) two-hour group classes that will take place on Saturdays February 7, February 28, and Sunday March 29 at a location in Los Angeles, CA. The group classes are taught by experienced teaching artists and special guests.

To apply, please scan and email the completed application, including the doctor's consent form, by January 30th, 2015 to shutterbugs@pablove.org, fax to (323) 952-2897, or mail to Pablove:

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. Space is limited; **applications are accepted until all slots are filled.**

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 and the Pablove Shutterbugs Program, please visit pablove.org.

We are very excited to begin working with you!



About The Pablove Shutterbugs 8- Week Mentorship Program:

♥ Program Description:

- **Who We Serve:** Pediatric oncology patients
Age Group: 6 – 18 years old
Group Size: 15 – 20 children
- **What We Offer:** 8-week photography program consisting of: four (4) one-on-one lessons that take place on Saturdays in the student's home with their mentor, three (3) two-hour group classes that will take place on Saturdays February 7, February 28, and Sunday March 29 in an artful space in Los Angeles lead by a teaching artist, and one field trip excursion to take place on Sunday March 22, 2015.

♥ Photography Program Details:

- **Lessons:** Each week 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 weekly photo assignments.
- **Graduation:** 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 professional gallery in the future.

♥ **Class Schedule:** Our 8-week program starts February 7, 2015 and ends on March 28, 2015. Students and their photography mentors will meet once a week on Saturdays at the student's home. Group classes meet in Los Angeles, CA (Location To Be Determined).

- Saturday, February 7: Group Class
Time: 10:00 a.m. – 12:00 p.m.
Location: The Getty Center, 1200 Getty Center Drive, Los Angeles, CA 90049
- Saturday, February 14: Individual Class
Time: TBD (1 hour long)
Location: Student's home
- Saturday, February 21: Individual Class
Time: TBD (1 hour long)
Location: Student's home
- Saturday, February 28: Group Class
Time: 10:00 a.m. – 12:00 p.m.
Location: The Getty Center, 1200 Getty Center Drive, Los Angeles, CA 90049
- Saturday, March 7: Individual Class
Time: TBD (1 hour long)
Location: Student's home

- Saturday, March 14: Individual Class
Time: TBD (1 hour long)
Location: Student's home
- Sunday, March 22: Group Class Field Trip Excursion to The Music Center
Time: TBD
Location: Meet for bussing to The Music Center
- Sunday, March 29: Graduation Ceremony and Presentation
Time: 10:00 a.m. – 12:00 p.m.
Location: The Getty Center, 1200 Getty Center Drive, Los Angeles, CA 90049

 **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 the information on this application and return it to The Pablove Foundation. Any missing information may hinder your participation in the program.

STUDENT NAME _____ DATE _____

PARENT OR GUARDIAN _____

PARENT OR GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____

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 (Check all that apply):

American Indian or Alaska Native Asian
 Black or African American Hispanic or Latino Middle Eastern
 Native Hawaiian/ Pacific Islander White Decline to State

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 Patient'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 for your 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) 8- Weekly 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 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 mentor, teacher, 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 staff directly.
9. You are expected to notify Pablove at least 2 hours in advance if you are unable to attend class due to medical issues. If you miss or are late to 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 Pablove staff 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 8-week session, only Pablove 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 (GROUP CLASS ONLY)**

If available, parents are welcome to wait in our family room while their child is participating in group class. 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 without a parent or guardian present. Please note that parents or adults older than 18 are required and should always be present while Pablove Shutterbugs Mentors visit the participant's home during the one-on-one class, regardless of the student's age.

_____ (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)