



Lovewell Institute Denver Summer Workshop Application
June 29–July 17, 2009 M–F 9am–3:30pm, performances 7:30pm July 17 & 18
held at Denver School of the Arts, open to all students entering grades 6–12

Please mail application with credit card authorization or check payable to “Lovewell Institute” to: **Melissa Axel, Lovewell Institute, PO Box 6201, Denver, CO 80206**

Student Name: _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Student Cell Phone:** _____

Student E-mail: _____

School Attending: _____ **Grade (as of Fall 2009):** _____

Currently studying: theatre music dance visual art/design film/multimedia writing

Want to learn more: theatre music dance visual art/design film/multimedia writing

Other arts camps attended: _____

How did you hear about us? _____

Parent / Guardian Name(s): _____

Parent / Guardian Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent / Guardian Phone – Day: _____ **Evening:** _____

Parent / Guardian E-mail: _____

Emergency Contact Name(s): _____

Relationship to Student: _____

Emergency Contact Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact Phone – Day: _____ **Evening:** _____

Emergency Contact E-mail: _____

Workshop tuition is \$875.00 (50% due at time of application, remaining \$437.50 due by June 24, 2009). We accept Visa, MasterCard, American Express, or check made payable to “Lovewell Institute.”

Payment method: Check enclosed Visa Master Card American Express

Credit Card #: _____ **Exp. Date:** ____ / ____
MM / YY

3-digit Security Code (on back): _____ **4-digit AMEX Security Code (on front):** _____

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Country:** _____

Authorization Amount: Charge my credit card the full tuition amount of \$875.00 now.

(Check one) Charge my credit card \$437.50 now and \$437.50 on June 24, 2009.

Thank you for your application. We will e-mail your confirmation, receipt, and program schedule. Please let us know if you need scholarship assistance to attend. You're welcome to attach an additional sheet with more about your creative interests.

LOVEWELL INSTITUTE

Workshop Release Statements

GENERAL RELEASE STATEMENTS

- 1) **Acceptance.** I understand that my child's attendance will be confirmed only upon the acceptance of this application.
- 2) **Health.** I certify that my child is in normal health. Prior to the start of the workshop I will notify Lovewell of any unique medical considerations.
- 3) **Behavior.** I understand that my child is subject to the ordinary discipline requirements of attending a youth workshop and that failure to comply with those requirements will result in dismissal from the workshop without refund.
- 4) **Publicity.** I agree that my child may be photographed, or video taped, or both, and give consent for Lovewell to use these photos, tapes, or DVDs to promote future Lovewell Institute programs and workshops, or for such other uses as Lovewell may reasonably see fit.

TERMS OF COPYRIGHT OWNERSHIP

This statement describes the terms for your participation in the Lovewell Workshop.

Lovewell coaches will participate with you and help you write, perform, and produce a piece of musical theater and video (the "Work"). The work will be a joint creation of the Lovewell coaches, you, and the other participants, based on ideas, characters, and stories from the participants' imaginations and experiences.

Lovewell will give you attribution (public credit) for your contributions to the Work in the playbill produced for the performance at the end of the Workshop. Lovewell will attempt to require any third party that purchases or licenses any rights to the Work do the same.

Lovewell retains all right, title and interest, including copyrights, in the Work, and you assign and transfer your contributions in the Work to Lovewell. Also, Lovewell has the right to use your name, likeness, voice, and biographical information in order to promote or publicize Lovewell, the Workshop, and the Work.

Please note that you assign and transfer any contributions to the Workshop that you may have created entirely on your own. Therefore you should only bring material to the Workshop that you are willing to share and transfer to Lovewell.

I hereby acknowledge my acceptance of the above Release Statements and Terms of Copyright Ownership.

Signature of Parent

Signature of Applicant

Name: _____

Date: _____

Name: _____

Date: _____