



Teachers' Shakespeare Institute 2019: Registration Form

Thank you for registering! E-mail or mail this form to: Marie D'Apice at HVSF 143 Main Street Cold Spring, NY 10516 or mdapice@hvshakespeare.org. If you have any questions please call Marie at (845) 809-5750 x13. The deadline for this registration is November 15th, 2019. Note: Payment MUST be made in full at the time of registration.

Registration Fee: \$100.00 is due upon registration unless otherwise agreed upon with HVSF.

Your registration fee includes lunch and some supplies.

Contact Information:

Name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

School: _____ Title: _____

School address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Home e-mail: _____ Work e-mail: _____

Payment Information: Please make all checks payable to HVSF.

Please check one: To note, you can also pay online as well.

_____ Check _____ Visa _____ Mastercard _____ American Express _____ Discover

Credit Card #: _____ Exp. Date: _____ Code: _____

Cardholder's Signature: _____



General Media Release

I hereby authorize the Hudson Valley Shakespeare Festival, hereby referred to as HVSF, to publish photographs and/or videos taken of me during the 2019 Teachers' Shakespeare Institute on or about December 7th, 2019 and my name and likeness, for use in HVSF's print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless HVSF from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking and publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership and royalties whatsoever.

I hereby release HVSF, its contractors, its employees, and any third parties involved in the creation and publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____