

Queens Public Library
STEM Bootcamp Enrollment Form

APPLICANT INFORMATION

Applicant's Name _____ Grade in Current Year _____

Birthdate (mm/dd/yyyy): _____

Address- _____

Borough _____ Zip Code _____

Phone _____ Cell _____ Email _____

PARENT/GUARDIAN INFORMATION

Parent/ Guardian Name _____

Email _____

Address _____

Borough _____ Zip _____

Parent/Guardian Signature _____

School Information

School's Name _____

1. Can you commit to being an active member of the STEM Bootcamp program for the full six weeks, through August 2019?

Yes No

2. How did you hear about the STEM Bootcamp?



QUEENS PUBLIC LIBRARY

We speak your language.

PHOTO/VIDEO/TESTIMONIAL CONSENT AND RELEASE

Where consent and release is for an adult (age 18 and over): I, _____, agree to the following:

Where consent and release is for a minor (under the age of 18): I, _____, am the parent or legal guardian of the following child(ren):

(referred to individually and collectively as "my child"), and agree to the following:

I hereby consent to the use of (my / my child's) name and (my / my child's) picture, portrait, photograph, audio or video recording, testimonial or shared story, and/or other form of likeness (referred to collectively as "Likeness") for advertising, promotion, marketing, exhibition, or any other purpose as deemed appropriate by the Queens Borough Public Library and/or the Queens Library Foundation (collectively and individually referred to as the "Library"), including, but not limited to, publication in the media, and/or on the Library's website, and/or social media platforms and/or fundraising print materials and digital communications.

I agree that the tangible material created as a result of the use of the Likeness (the "Material") is and shall continue to be the property of the Library and that (I / I and my child) shall not have any right of review or approval regarding use of (my / my child's) name and/or Likeness in such Material.

I and my representatives, heirs, successors, and assigns hereby release and hold harmless the Library along with its respective employees, trustees, directors, officers, agents, affiliates, sponsors, or other representatives from any and all claims, demands, or causes of action arising out of the use of (my / my child's) name, testimonial, shared story, and/or Likeness, in accordance with the terms of this Release. I understand and agree that (I / I and my child) will not be compensated by the Library in any way for the use of (my / my child's) name, testimonial, shared story, and/or Likeness.

Date: _____

Signature: _____

Print Name (for minors, the name of parent/guardian): _____

Address: _____

FOR LIBRARY USE ONLY:

Library Branch:

Event (where applicable):

Library employee who completed this Form: _____