



MeetoWorld

Language Proficiency School
Immerse Yourself
Class Registration Form

Name of Student: _____

Name of parent or guardian if student is a minor: _____

If student is a minor:

Age: _____ Date of Birth: _____

List any special needs we should be aware of:

Address: _____

Phone: _____

How did you hear about the class?

The undersigned student is participating in this class held by Meeto World and hereby acknowledges that student assumes all risk for any injury, loss or damage of any nature during the course of this class.

The student also understands that she/he will receive no refund for this class.

It is further acknowledged by the student that Meeto World and its officers, members, employees and agents, accept no responsibility or liability whatsoever for any injury, loss or damage to student's personal equipment or art work resulting from participation.

Signature of Student _____ DATE: | | | | | | | | | |

Signature of Parent or Guardian _____ DATE: | | | | | | | | | |

Official Use:	Check #	Cash Receipt #
Initials:	Amount \$	Date/Time:

Make check payable to **Sharon Fukayama, M.Ed.**

Rev. 01/02/2010

Meeto World

Japanese Language Proficiency School

Immerse Yourself

Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration to Meeto World and its agents. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears we will keep all identities anonymous. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name: _____

Street Address/P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

eMail: _____

Signature: _____ DATE: | | | | | | | |

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Signature: _____ DATE: | | | | | | | |