



**International Wildlife Film Festival & Media Center**  
**MONTANA FILM ACADEMY...**  
*Inspiring New Generations of Filmmakers*

**AFTER-SCHOOL PROGRAM REGISTRATION:**  
***Please Use One Form Per Student***

***The After School Kids Club Safari PROGRAM:***  
**MONDAY-FRIDAY 3-6 pm (starting 2 pm for MCPS early out days).**  
 School Holidays not included/Special Holiday Programs May be offered  
 For Ages 7-12+ at the Roxy Theater/Media Center.

**Student Name** \_\_\_\_\_ **Age (at time of program)** \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Tel: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Day Phone(s): \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Doctor Name and Telephone Number \_\_\_\_\_  
 Known food or other allergies \_\_\_\_\_  
 Any medications that your child is on \_\_\_\_\_  
 Any activity restrictions \_\_\_\_\_

**Days/Date(s) of Enrollment:** \_\_\_\_\_  
**RATES: \$6/hour/student.** Pre-registration for each month is required!  
 Ongoing enrollment is available with flexible (days and times).  
 Prepayment per month is required in full at time of registration.  
 No refunds can be issued for any reason once registered

**Total** \_\_\_\_\_ **Payment:** Check Cash VISA MC  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_ CVV Code \_\_\_\_\_  
 (Confidential. No American Express or Discover Cards accepted)

**Please circle Yes or No for the following:**  
 May we use pictures of the student for publicity?  
 Yes No  
 Do you give IWFF permission to seek medical assistance as necessary?  
 Yes No

**Parent/Guardian, please complete:**

I am enrolling \_\_\_\_\_ in the **After School Kids Club Safari** Program offering(s). I voluntarily elect to assume all risks of loss, damage, or injury, including death that may be sustained by my daughter/son or myself or any property in the course of participation in this program. I hereby knowingly, freely, and voluntarily release, indemnify, hold harmless the *International Wildlife Media Center* and any of its agents from any and all liability, claims, demands, or courses of action arising out of any loss to me or, in the case of child participants, my daughter/son, in the course of or related to, participation in this/these program offering(s) or the use of equipment supplied to my daughter/son or myself in connection with this/these program(s).

\_\_\_\_\_  
 Parent/ Legal Guardian Signature

\_\_\_\_\_  
 Date

Films and other art produced during IWMC Programs are considered student productions of the International Wildlife Film Festival & Media Center and may be used for promotional purposes to promote the organization's mission.

**Complete this Registration & Release form and parent contract and mail, drop-off, or fax to:**

IWFF c/o Roxy Theater, 718 S. Higgins Ave., Missoula, MT, 59801.  
 Or by fax: 406-728-2881.  
 If you have any questions or concerns, please contact us at (406) 728.9380 or iwff@wildlifefilms.org.  
 Learn more at [www.wildlifefilms.org](http://www.wildlifefilms.org).  
 The International Wildlife Film Festival & Media Center is a 501(c)(3) not-for-profit organization.  
 IRS Tax ID 81-0480723

*Thank you for your support*

