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**Camera Club of Hendersonville**

**Photographic Instruction Sessions**

**For Ages 11 - 18:**

**Boy Scouts, 4-H members and public invited**

It seems that everyone has access to some sort of camera these days.  Pictures are widely shared between friends on the internet.  But how many of these are really good photographs, images that people will remember and that you can be proud of?

Camera Club of Hendersonville members have a love of photography and many years of experience.  We are dedicated to helping others enjoy the fun world of photography by sharing our experiences via hands-on instruction to help others produce photos beyond the ordinary.  Photography is a wonderful hobby, one that can be enjoyed throughout your life, and it is within the reach of everyone with the desire to learn.

In combined sessions with **Boy Scouts**, **4-H and public** **youth**, ages 11 to 18, we will cover the basics of photography in presentations and then take you out on group shoots with instructors. Between weekly sessions you will have shooting assignments on your own and then bring your digital images to the next session to be viewed and critiqued by the instructors. For you Boy Scouts, we will help you fill the requirements to meet your **Photography Merit Badge**.

At the end of the sessions, all attendees will have the opportunity to submit your best images in a competition where you can win cash prizes.

Location: **North Carolina Cooperative Extension**

**Henderson County Center**

**100 Jackson Park Road**

**Hendersonville, NC 28792-4470**

Dates and time: **Wednesday** evenings on **August 16, 23 and 30** from **6:00 to 8:00**.

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**CCoH Sign-Up Sheet**

Please fill out this form and submit it to your Scout Master, **Tim Asbury**, at **223 Stonebrook Drive, Hendersonville, NC 28791** or to 4-H Program Assistant, **Sue Janowiak, at NC** **Cooperative Extension,** **Henderson County Center, 100 Jackson Park Road, Hendersonville, NC 28792-4470, or scan & email completed forms to: sue\_janowiak@ncsu.edu,** by **Monday, August 7**.

**There is no charge for this program, but pre-registration is required.**

First Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial: \_\_\_\_ Last Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_Group affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:

First Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son/daughter has permission to participate in the 4-H activities described above. In case of a medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the Physician selected by Extension personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Is your child allergic to any food or medicines? If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special needs the staff should be aware of? If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a computer? Yes\_\_\_ No\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a computer? Yes\_\_\_\_ No\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a camera? Yes\_\_\_ No\_\_\_ If Yes, fill in your camera type, brand name and model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please read your owner’s manual and bring it with you to each session.

If you do not have access to a camera, but wish to sign up for the sessions, we will do our best to provide a loaner camera for you to use. Would you like for us to provide a camera? Yes\_\_\_\_ No\_\_\_\_

Do you use or have access to any post processing software? If yes, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about your photographic experience so far: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We encourage you to bring some of your best images on a flash drive to the first session to give us an idea about your current skill level.

Finally, please complete the attached **CCoH Release and Indemnity Agreement** form for the three sessions, and the **4-H Media Release form**. Sign the forms, have your parent or guardian sign them, and **include them with this Sign-Up Sheet**.



**RELEASE AND INDEMNITY AGREEMENT, ASSUMPTION OF RISK**

Event: CCoH Youth Outreach Training Sessions 1, 2 and 3 Dates: August 16, 23, and 30, 2017\_

Event Leader/Contact: CCoH instructors, led by Bob Coffey at [Bobcoffey@aol.com](mailto:Bobcoffey@aol.com) or 828-595-5000\_\_\_\_\_\_\_\_\_\_

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (print your name or name of Minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to participate in an activity (“Activity”) of the Camera Club of Hendersonville (CCOH), a nonprofit social club. I understand that participation in this Activity may involve or result in risk of personal injury or illness, or of damage to or loss of personal property, or other risk or loss, including, without limitation, injury, illness or loss caused by the actions or failure to act of third parties. I understand that in order to protect its members, leaders and assets, and in order for me (or said Minor) to participate, CCoH requires that I execute this Agreement.

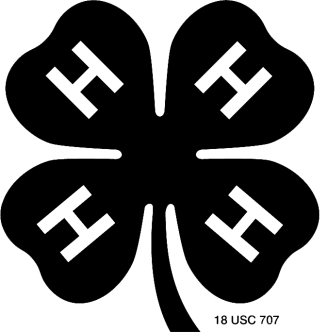
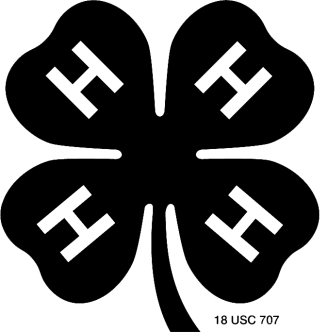
In consideration and part payment for my right to participate in this Activity, I hereby RELEASE, ACQUIT AND DISCHARGE CCoH, its officers, directors, members, agents, employees, successors and assigns of and from any and all loss, liability, claims, cause or causes of action which I may have or hereafter acquire arising out of, or in any way related to, my attendance or participation in this Activity (collectively the “Released Claims.”) I further assume for myself all risks in connection with the Activity.

I further hereby agree to indemnify and hold harmless CCoH, its officers, directors, and members of and from any loss, liability or damages, whether now known or hereafter arising and including all litigation costs and attorney’s fees, arising out of or related to the Released Claims.

This Release and Indemnity Agreement shall be binding upon the undersigned (both individually and, if applicable, in a representative capacity), and my heirs, personal representatives, successors and assigns. CCoH will retain the right to use any photos of sponsored activities in newspaper articles, Club Website, or Club Newsletter.

The laws of the State of North Carolina shall govern the meaning and interpretation hereof. I have read this Release and Indemnity Agreement and have been fully informed of its terms before signing. I have read this Release and Indemnity Agreement and have been fully informed of its terms before signing. I understand that parents or legal guardians must sign for all persons under eighteen (18) years of age.

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian of Participant under 18 years of age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

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**North Carolina 4-H and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 4-H**

**Photographic, Video, and Audio**

**Optional Publicity Release**

I **do** \_\_\_\_\_\_\_\_ **or do NOT** \_\_\_\_\_\_\_\_ give permission to North Carolina State University, through its

Cooperative Extension program for North Carolina 4-H, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Extension staff,

to take photographs and/or record video and/or audio or otherwise record images and likenesses of me

and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional,

and/or marketing materials. I further consent that my name and identity may be revealed therein or by

descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and

any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright

infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution,

broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will

remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If individual is under the age of 18, consent of the legal parent or guardian is needed.*

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 of 1 **Approved as of 3/02/06**