

Old Independence Regional Museum
HISTORICAL S.T.E.M.S.
Registration Form

\$10/session/student

Please circle the date(s) you wish to attend:

March 16 April 6 May 18

Name: _____

Age: _____ Grade: _____

Allergies/concerns: _____

Parent/Guardian: _____

Email address: _____

Phone number: _____

Mailing address: _____

Total: \$10 x _____ # of sessions = \$_____ total

- Registration deadline is one week prior to each session.
- Payment is due at time of registration.
- Registration and payment may be submitted:
 - In person
 - Via mail at : 380 S. 9th St., Batesville, AR 72501
 - By emailing completed form to: oirm.educator@gmail.com and calling in credit card payment to 870-793-2121.

Photography Release: (See full statement on back of form.)

____ Yes, photos may be used. ____ No, photos may not be used.

Parent/Guardian signature: _____

Old Independence Regional Museum Photography Release

I hereby authorize Old Independence Regional Museum (hereafter referred to as "The Museum") to publish photographs and other images taken of and/or by me, and my name and likeness, for use in The Museum's print, online and video-based advertising and marketing materials, as well as other Museum publications.

I hereby release and hold harmless The Museum 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 use or publication of these images or participation in Museum marketing materials or other Museum publications. I also acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

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