

ALL FIELDS ARE REQUIRED.

Please mail all forms and fees to: ReAct Media | 127 Maryland Ave. | Portsmouth, VA 23707

+ Full tuition payment is required to reserve your spot. Apply early. Make checks payable to ReAct Media.

+ There are 15 seats per workshop and they fill up quickly. (Read cancellation policy.)

+ Workshop participants must be at least 18 years of age.

total workshop fee (in US dollars) \$ _____

name _____

male *female* *age* _____

mailing address _____

city _____ *state* _____ *zip* _____

first phone preference [] _____ *cell* *day* *evening*

first phone preference [] _____ *cell* *day* *evening*

e-mail _____

how did you hear of our workshops? _____

have you attended a truth with a camera workshop before? *yes* *no*

occupation _____

employer _____

is your employer sending you to this workshop? *yes* *no*

if so, which workshop(s) did you attend _____

years in photography _____

camera to be used: *film* *digital* *make and model* _____

will you be bringing a laptop computer? *yes* *no*

All shooting participants retain the rights to their photographs taken during the Truth With a Camera Workshops and agree to let Truth With a Camera Workshops and IDM LLC TA Re:Act Media use those pictures without compensation in workshop promotional materials and products such as web sites, broadcast dissemination, books, multimedia, and exhibition. Participants also agree to give permission to have a photograph of themselves, along with the participant's name, used in any promotional or advertising material for the Truth With a Camera Workshops.

Signature _____ Date _____

CANCELLATION FEES AND POLICIES FOR WORKSHOPS

Truth With a Camera Workshops rely on attendance to make important arrangements. Notification must be made 30 days or more before the start date of the workshop if participants need to withdraw. At that time the deposit will be refunded, less a \$225 cancellation fee. Any cancellations made less than 30 days prior to the workshop start date results in waiver of all fees and deposits already paid to Re:Act Media. Truth With a Camera Workshops reserves the right to cancel a reservation if full payment has not been received by 60 days before the workshop begins with no refund of any money already sent. No refund of any fees will be made for withdrawal after the workshop begins. The Truth With a Camera Workshops is not responsible for cancellations due to medical emergencies.

Purchasing travel insurance is highly recommend. In the event that a workshop or class must be cancelled due to inadequate enrollment, all fees and deposits are refunded in full or may be transferred to another workshop within 12 months. Truth With a Camera Workshops is not responsible for reimbursement of non-refundable airline tickets in the event of a workshop cancellation. Please check on the class status before making travel arrangements.

TRANSFER POLICY

If participants wish to transfer to a different workshop, notification must be made at least 60 days before the start of the original workshop. Participants may only make one transfer at a non-refundable charge of \$30. Truth With a Camera Workshops reserves the right to allow or disallow any transfer. Participants must register for and complete a new workshop within 12 months of the withdrawal. There are no exceptions to these cancellation and transfer policies.

A deposit for a workshop or course offered by Truth With a Camera Workshops and IDM LLC means the depositor has read the above agreement and agrees to be bound by it's terms and conditions. Please sign and return with the deposit or entire fee.

I, _____ have read the above paragraphs concerning transportation, responsibilities of workshop participant(s), delays, limits of liability and agree to hold harmless Truth With a Camera Workshops, IDM LLC, and it's affiliates, staff and associates according to the above. I also agree to be bound by the above terms and conditions and state that I am at least 18 years of age.

Signature

Date

RETURN WITH REGISTRATION FORM TO: Re:Act Media | 127 Maryland Ave | Portsmouth, VA 23707

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT, IDM LLC

IDM, LLC T/A Re:Act Media (“Company”) is sponsoring one or more photojournalism workshops (“Workshops”) the subject matter of which may require travel to countries outside of the United States. There are inherent risks associated with the travel to, from and participation in the Workshops, including serious personal injury, illness or death. If you elect to participate in the Workshops, then you must hereby acknowledge the risks associated with the Workshops, and agree to completely defend, indemnify, hold harmless and release the Company from and against any and all allegations, claims, injuries, damages or liability that may arise out of your participation in the Workshops in connection with this competition.

I, _____ may elect to participate in the Company's Workshops. I represent that I am over the age of eighteen (18) and understand that by participating in the Workshops that I may be exposed to a variety of foreseen and unforeseen hazards and risks. These risks include, but are not limited to, the dangers of property damage, serious personal injury, illness or death (“Injuries & Damages”) resulting from political instability, terrorist or criminal activity, unsanitary or unhealthful conditions or lack of proper medical care. Some of the specific risks include, but are not limited to, injury or illness from waterborne or insect transmitted diseases. Other risks include, but are not limited to, Injuries & Damages caused by the activities or negligence of other persons.

I understand and acknowledge that I may be required to submit a Medical History Form to the Company for its review in connection with my decision to participate in the Workshops. I understand and acknowledge that I have the opportunity to discuss the potential risks with my health care provider or physician before deciding to participate in the Workshops. I understand and acknowledge that I may be encouraged to obtain immunizations and to take malaria medication or other similar prophylactics and that there may be side effects to the medication. I understand and acknowledge that I will have the opportunity to discuss this medication and immunization with my health care provider or physician before deciding to accept any such medication.

I further understand and acknowledge that the Company does not participate in any way in determining whether I am a suitable medical candidate for the Workshops or whether I have obtained recommended immunizations or taken recommended medications.

I intend this Agreement to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

In consideration for my participation in the Workshops, I further understand, acknowledge and agree to the following:

- + I understand and hereby expressly assume the risk of the Injuries & Damages that may arise out of the Workshops, including, but not limited to, those set forth above, and those which may later be disclosed to me by the Company.
- + I agree to the fullest extent allowed by law, to WAIVE AND DISCHARGE ALL CLAIMS AGAINST, AND RELEASE FROM ANY AND ALL LIABILITY, the Company, all of its officers, directors, employees, agents, consultants, members, attorneys, leaders, and any other related persons or entities, on account of, or in any way resulting from Injuries & Damages, even if caused by negligence, whether active or passive, arising out of my participation in the Workshops.
- + I further agree to DEFEND, INDEMNIFY, AND HOLD HARMLESS the Company, and all of its officers, directors, employees, agents, consultants, members, attorneys, leaders and any other related persons or entities from and against any and all allegations, claims, Injuries & Damages or liability that may arise out of my participation in the Workshops.
- + I agree that this waiver and liability release shall be governed by the laws of the Commonwealth of Virginia, without regard to the principles of the conflicts of laws thereof, and any disputes arising under this Agreement shall be brought only before the courts in the Commonwealth of Virginia.
- + I have read this document in its entirety. I fully understand its contents and the claims I am releasing and I fully understand the defense, indemnification and hold harmless agreement. I freely and voluntarily assume all risks of such Injuries & Damages that may arise out of the Workshops, including, but not limited to, those set forth above, and those which may later be disclosed to me by the Company, and notwithstanding such risks, I agree to participate in the Workshops, knowing that I will not have legal recourse against the Company for any such Injuries & Damages.

Signature _____

Date _____

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