



CONTINUING STUDIES
520 EAST 1ST AVE, VANCOUVER, BC V5T 0H2

Date: _____

Telephone: 604-844-3810 **Fax:**
604-630-4535 **E-mail:** csreghe1p@ecuad.ca

CONTINUING STUDIES COURSE REGISTRATION FORM

LAST NAME:		LEGAL FIRST NAME:	MIDDLE NAME(S):	PREFERRED NAME:	
ADDRESS:			CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:
COUNTRY:	STUDENT NUMBER:	DATE OF BIRTH (YYYY/MM/DD)	GENDER: Female: Male: Other:		DISCOUNT: Senior(60+):
SIGNATURE:		PHONE:	EMAIL ADDRESS:		

Method of payment:

CHEQUE (PAYABLE TO ECUAD) MONEY ORDER (PAYABLE TO ECUAD)
CASH OR INTERAC (IN PERSON ONLY) CREDIT CARD

NAME ON CARD:	CARD NUMBER:	Visa Mastercard	EXPIRY DATE
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Please register me for the following courses:

COURSE CODE: (ie: CEDR 100)	SECTION: (ie: F001)	COURSE TITLE: (ie: INTRODUCTORY DRAWING)	START DATE:	COURSE FEE:
				\$
				\$
				\$
				\$
				\$
TOTAL FEE PAYABLE:				\$

Return this form to our office above, or via email or fax.



ARTWORK(S) AND VIDEO CONSENT FORM (MINORS)

Student Name (printed in full): _____

As a student attending the 2019 Graphic Novel Intensive (the “**Program**”) offered by the Emily Carr University of Art + Design (“**ECUAD**”), I understand that ECUAD may wish to take photographs or videos of me during my attendance at the Program or make other uses of the artwork I create in the Program for the purposes of the Program, and for:

- Artistic Display,
- Use in Academic Programs,
- Advertising or Marketing ECUAD and its Programs and Services
- Recruiting Staff or Students to ECUAD; and
- Other related purposes.

I consent to ECUAD, and its directors, officers, employees, contractors and authorized agents (the “**Personnel**”) creating, using and editing my photograph, portrait, video tape or electronic images, recordings or other reproductions or representations of my likeness, including my voice and statements (collectively “**My Likeness**”), for the purposes described in this Consent, and to the use of My Likeness for the purposes described in this Consent in any publication, display, broadcast, webcast or other exhibit, theatrically or otherwise. I also confirm that I have not given anyone the exclusive right to use my Likeness.

I also acknowledge that ECUAD considers any photographs or videos of me taken during the Program to be its exclusive property and it does not recognize any legal interest that I may have in them except as set out herein. I further understand that I will not have the opportunity or right to inspect or approve the publications or promotional materials, including written or electronic copy, in which My Likeness may appear.

In addition, I consent to the use, display or publication by ECUAD of any art or other work(s) I produce during the Program (the “**Artwork**”) for the purposes described in this Consent, including the use, display or reproduction of the Artwork within programs brochures or catalogues, art exhibitions, broadcast, webcast, or publications, or other exhibit, display, or publication.

I understand that ECUAD has no plans to compensate me for the use, publication, or display of the Artwork or My Likeness whether or not ECUAD generates any income or revenue from such use, publication or display or I suffer any loss or damage resulting from such use, publication or display.

I confirm that I am signing this Consent freely and voluntarily, and in executing this Consent do not rely on any inducements, promises, or representations made by ECUAD or its Personnel. If any part or provision in this Consent is found to be unenforceable, then the remainder of the Consent shall continue to be enforceable.

By signing below, I understand that I am consenting to the use, display and publication of My Likeness and the Artwork as described above.

Student
Signature _____

Parent/Guardian
Signature _____

Date _____ Date _____