

Thumbs Up! Thumbs Down! Reviewer Application

-Please print clearly-



NAME _____ DATE _____

SCHOOL _____ GRADE _____

HOME ADDRESS _____

CITY, ZIP _____

HOME PHONE NUMBER _____ EMAIL _____

CELL PHONE NUMBER _____

ETHNICITY (optional)

Caucasian _____ Asian/Pacific Islander _____
Native American _____ African American _____
Hispanic/Latino _____ Other _____

Why do you want to be a part of the Thumbs Up! Thumbs Down! Project? (Please write a short paragraph.)

Are you interested in earning community service hours for your school

YES NO

How did you hear about this project? (circle all that apply)

Mailed Flyer School Announcement Friend Teacher Website/Internet

Other _____

(Go to page 2) 5-20-08

Sacramento, CA 95814
916-444-5900
A program of Breathe California Sacramento Region

Movie Viewing Release Agreement

I hereby give my son/daughter, _____, permission to participate in viewing PG, PG-13, and R rated films (which may contain adult themes such as nudity, violence or offensive language) as part of the Thumbs Up! Thumbs Down! Project. The purpose of this evaluation is to gather data on the frequency of tobacco use in the movies.

I release Breathe California Sacramento Region from all liability involved from my son/daughter participating in this project and subsequent project activities. I will make sure they are available for trainings and meetings. I will be responsible for any money my son/daughter may receive.

Parent/Guardian Name(s) (Please Print) _____

Parent/Guardian Signature(s) _____ Date _____

Number where Parent/Guardian can be reached _____

Reviewer Responsibility Agreement

I take responsibility for any funds or theatre tickets I receive from Thumbs Up! Thumbs Down! Program to review and complete evaluations for selected movies assigned to me. If I do not review all the movies assigned, I will return the remaining funds/ticket to the Thumbs Up! Thumbs Down! Program. I am also responsible for turning in completed review forms and ticket stubs. Any community service hours I receive will be based on active participation in the program and on the completion of evaluations on all assigned movies by the given deadline.

Reviewer (Please Print) _____ Signature _____ Date _____

**Breathe California Sacramento Region
Photo Release**

I. I give to Breathe California Sacramento Region, its nominees, agents and assigns, unlimited permission to use, publish and republish for purposes of advertising trade, or any other lawful use, information about me and reproductions of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with Breathe California Sacramento Region, with or without my name.

Name of person to be photographed or recorded (Please Print)	Age (if minor)
Street address, city, state, and zip code	
Signature	Date

II. Consent of parent or legal guardian if above individual is the minor.

I consent and agree, individually and as parent or legal guardian of the minor named above, to the forgoing terms and provisions.

Signature	Date
-----------	------

Thumbs Up! Thumbs Down!
909 12th Street, Suite 100
Sacramento, CA 95814
916-444-5900
A program of Breathe California Sacramento Region