

# Saddleback College **TECH PREP**

## Career Day

WEDNESDAY Nov 4, 2009

TIME: 9:30 AM – 1:30 PM

Lunch is Included

Keynote speaker: Road Trip Nation



### LOOKING TO DECIDE ON YOUR MAJOR OR FIND YOUR CAREER DIRECTION?

Get hands on activities and tour Saddleback College.  
Learn more about the following programs:

Automotive

Business & Finance

Design/Graphics/3D Modeling

Marine Science

Education

Fashion Food & Nutrition

Medical

Technology

Video Production

Location:



Saddleback College  
28000 Marguerite Parkway  
Mission Viejo, CA 92692  
(949) 582-4575



REGISTRATION: BONNIE FREDERICKSON - [BONNIE@VITALLINKOC.ORG](mailto:BONNIE@VITALLINKOC.ORG) - 949-646-2520 - FAX 949-646-2523



**Vital Link – Career Exploration Programs**  
*Connecting Students To Their Future*

**2009-10 General Registration**

- Advance registration required
- Submit one registration form per group

\_\_\_\_ YES, I want to register to attend the \_\_\_\_\_ Program

Cost per person \$ \_\_\_\_\_ Total Cost \$ \_\_\_\_\_  
(If cost is unknown, leave blank)

Lunch Option \_\_\_\_\_ No Lunch Provided Option \_\_\_\_\_

\_\_\_\_ Students\*    \_\_\_\_ Teachers    \_\_\_\_ Counselors    \_\_\_\_ Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ District/Affiliation : \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Send confirmation to e-mail address: \_\_\_\_\_  
(e-mail required—If student, use teachers address )

Submission of this form and the attached registration sheet does not constitute a guarantee of attendance. Many Career Exploration Programs can accept a limited number of students. Vital Link reserves the right to confirm registration.

Please note that a P.O. or payment will be required before registration confirmation.

**Contact Vital Link for further information:**

Mail or fax this form to Bonnie Fredrickson

Bonnie@vitallinkoc.org

949-646-2520

949-646-2523 Fax

P.O. Box 12064

Costa Mesa, CA 92627

**\*PLEASE LIST STUDENTS ON THE ATTACHED SIGN UP SHEET**



**RELEASE AND ASSIGNMENT**  
(For Minor – 17 years and younger)  
(If you are 18, you may sign for yourself)

Vital Link is holding a \_\_\_\_\_((name of program) Career Exploration Program that will take place on \_\_\_\_\_ (date) at \_\_\_\_\_(venue). This Release and Assignment must accompany the student to the event and be presented at check-in.

The Program will include the following activities:

- 1) Displays of career exploration resources for students and educators.
- 2) A presentation by business/industry professionals demonstrating their areas of responsibility.
- 3) Interaction with the professionals to discuss the skills needed and educational requirements for their position.

Vital Link, its authorized employee, representative or agent plans to take videotapes, motion pictures, digital pictures and/or photographs of students (all of which are herein called Pictures) as a part of participation in the Career Exploration Program.

With respect to all such Pictures, and any reproductions of the pictures in any and all medium, I hereby irrevocably:

- a) Consent to and authorize their use by Vital Link, or anyone authorized by Vital Link, for reproduction, distribution, sales and exhibition for any purpose and in any medium whatsoever including (but not by way of limitation) the sale, publication, display and exhibition thereof for educational purpose and for promotion, advertising and trade, without any compensation or notice to me.
- b) Consent to the use of my name as a participant of the Forum.
- c) Grant and assign to Vital Link the right to secure copyright throughout the world in the name of Vital Link, or otherwise on the Pictures and any reproductions of same in any medium.
- d) Release, discharge and acquit Vital Link from any claims, demands or causes of actions that I hereinafter have against Vital Link by reason of anything contained in such Pictures and reproductions thereof or in the advertising or publicizing thereof.

This release and assignment shall inure to Vital Link's benefit, as well as to the benefit of Vital Link's subsidiaries, affiliates, license, successors and assigns, if any.

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Name of Minor (Please Print)

School

District

I represent that I am the (parent) or (guardian) of the above named person. I hereby consent to the foregoing on (his) or (her) behalf.

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Date

Signature of Parent /Guardian

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Date

Signature of Student (if over 18)