

STANDARD RELEASE & REGISTRATION FORM



Phone: 262/705-0194
FAX: 262/652-0152

Please complete preferences for each family member you wish to enroll.

Last Name First Name Age/Birthdate Class Name, Day & Time

Home Phone _____ Cell Phone _____ FAX: _____

Email (Adult) _____

Street Address _____ City _____ Zip Code _____

Are there any health problems/allergies that might restrict activities in this program? No _____ Yes _____

Please Explain: _____

Attach Headshot and Resume if Available

Previous Training & Experience: _____

In consideration of my/our participation in the activities of Actor's Craft and Rhode Center for the Arts, I/we do hereby fully release and discharge, and save whole and harmless Actor's Craft and Rhode Center for the Arts, members of the board, the officers and employees, their successors and affiliates from any and all liability for damages of any nature whatsoever, and any and all known and unknown personal injuries, sickness, illness or disorder, which I/we may now hereafter have (as parents and/or guardians of our minor child(ren), and also all claims of rights of action for damages which the said minor child(ren) has/have or may hereafter have arising out of or connected with participation in any activities whatsoever of the said Actor's Craft and Rhode Center for the Arts.

If this form is only for adults, just print your own name, write "Self" and sign below.

In case of emergency, if mother or father cannot be reached, please contact (at least two other names and phone

Print Name of Mother or Legal Guardian

Print Name of Father or Legal Guardian

Signature _____ Date _____

Signature _____ Date _____

Work Phone _____ Cell Phone _____

Work Phone _____ Cell Phone _____

numbers)

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

How did you hear about Actor's Craft? _____ (Turn over & complete other side.)

**Standard Release
of Photographs, Videotapes,
and Other Student Information**



Phone: 262/705-0194
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For educational, promotional, and grant writing purposes, Actor's Craft may wish to use images of and/or information about me or my child(ren) named _____, _____, _____, _____ or of my/our work (artwork, video, audio, etc.) from one of Actor's Craft's programs, including but not limited to photographs, videotape or public displays.

I hereby understand and authorize Actor's Craft to release and/or publish such information without further permission. Venues in which my/our information may appear include but are not limited to on-camera classes, Actor's Craft's bulletin board, actor showcases, newsletters, newspaper/ magazine/ radio/ television coverage, website, agents, managers, casting directors, and production companies. I understand and acknowledge that neither I nor my child(ren) will receive any compensation for such photographs or quotations.

With respect to such information, I waive any and all protections afforded me and my child(ren) under any privacy rights, and I agree to hold Actor's Craft, its agents and assigns harmless against any and all claims, liability, loss or damage, including attorney's fees, caused or in any way arising out of Actor's Craft's publication of this information or use during class time.

I understand that if I so request, such information regarding me or my child(ren) shall not be released. However, unless I request that such information not be released within 14 days of this mailing, Actor's Craft may release the information. This release shall remain effective during my/our entire career with Actor's Craft, but may be revoked at any time in writing directed to the Director of Actor's Craft.

If this form is only for adults, just print your own name, write "Self" and sign below.

Print Name of Mother or Legal Guardian

Print Name of Father or Legal Guardian

Signature

Date

Signature

Date

_____ I hereby request that no information regarding me or my child(ren) of the type described herein be released. I understand this means that me or my child(ren) will not participate in any videotaped portions of on-camera classes; newspaper, video or film coverage; nor any talent showcases nor industry releases which may be used for promotional opportunities for Actor's Craft or its students.

NOTE: Parents/Guardians are welcome to observe classes where their minor child is present.

Can you recommend 3 people who may be interested in hearing more about Actor's Craft? Current families/students who recommend someone who signs up for full session get 10% of that tuition off their next session. Name & Phone/email address.

For Office Use Only

Date of Enrollment ____/____/____ Method of Payment _____ Amount _____