

Actor's Craft
Studio: 518 56th Street, Kenosha, WI
Mailing Address: P.O. Box 456, Kenosha, WI 53141-0456
262/705-0194 FAX: 262/652-0152 www.actorscraftwisconsin.com

Standard Release of Photographs, Videotapes, and Other Student Information

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, World Wide Web site. 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** _____