

# Stage and Screen Acting Studio

Please print and bring to class completed!

## Picture/Video Release Form

### Stage and Screen Acting Studio PHOTO/VIDEO RELEASE FORM

I (parents name) \_\_\_\_\_ hereby grant the {Stage and Screen Acting Studio} permission to use my child's likeness (child's name) \_\_\_\_\_ in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. However Stage and Screen is under no obligations to take any photos/videos and will do so at our own digression..

I understand and agree that all photos/videos are the property of the Stage and Screen Performance Studio..

I hereby irrevocably authorize the Stage and Screen Performance Studio to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears.

I hereby hold harmless, release, and forever discharge the Stage and Screen Performance Studio from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO/VIDEO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

**If under 18, parent must sign individually and as parent/guardian.**

Parent Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_ Parent

Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

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## Registration form

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE (FALL 2018): \_\_\_\_\_

Gender M \_\_\_ F \_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

HM. PHONE: (\_\_\_\_) \_\_\_\_\_

WK. MOM: (\_\_\_\_) \_\_\_\_\_ WK. DAD: (\_\_\_\_) \_\_\_\_\_

CELL MOM: (\_\_\_\_) \_\_\_\_\_ CELL DAD: (\_\_\_\_) \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

Which class are you registering for Tonys, Emmys, or Oscars (please circle)

REGISTRATION FORM SPRING 2019 • Have you listed your choice of class and dates correctly?  
• Enclosed a check or cash with registration deposit. Attach to this form please. • Marked class and performance dates on your calendar? •

Please read the IMPORTANT INFORMATION PRINT AND SHARE WITH YOUR CHILD.