



ACTING FOR TWEENS & TEENS REGISTRATION FORM

Participation Fee: \$60

(payable to Simple Gifts Productions)

Name			
Address _			
Phone		Cell Phone	
Parent/G	uardian Name(s) _		
Age	Grade	School	

PHOTO RELEASE: Unless we are informed otherwise, it is assumed that permission is granted to Simple Gifts Productions, Inc. to reproduce your child's appearance on its web site or in any future promotional materials.

LIABILITY RELEASE: It is understood that your child is participating in this activity at your own risk, and acknowledge that Simple Gifts Productions, Inc. has made no warranty or representation, expressed or implied, regarding the safety of conducting ACTING FOR TWEENS & TEENS. Furthermore, you agree to release Simple Gifts Productions, Inc., its officers, agents, directors, employees, licensees, successors and assigns from and for any and all claims, demands or causes of action of every nature on account of loss, cost, damage, or injury, incurred as a result of your child's participation in ACTING FOR TWEENS & TEENS.

By signing below, you acknowledge that you have thoroughly read, understand, and agree to the conditions stated above and associated with your child's participation in SGP's ACTING FOR TWEENS & TEENS. This release shall be binding upon you and your heirs, next of kin, executors, administrators and assigns.

Parent/Guardian Signature: _____

Date:_____

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