



EMERGENCY CONTACT FORM

STUDENT'S FIRST AND LAST NAME: _____

DO YOU HAVE ANY ALLERGIES?: _____

ANY MEDICAL INFORMATION WE SHOULD KNOW ABOUT?

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: #1 _____

SECONDARY CONTACT: _____

PHONE NUMBER: #2 _____



PERFORMER RELEASE FORM

I grant SITKA STAGE & SCREEN - Allyson Leet, Katie Clarkson & Laurel Moffat the right to record video, record voice and take photographs of myself and/or my child and my property as deemed fit by SITKA STAGE & SCREEN for the sole purpose of the class and/or workshop stated below.

CLASS OR WORKSHOP NAME: _____

I detail below my authorization to allow SITKA STAGE & SCREEN, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I detail below my authorization to allow SITKA STAGE & SCREEN to use such video, voice recording and/or photographs of me and/or my child with or without my name and for any lawful purpose; including such purposes as publicity, illustration, advertising and web content.

PLEASE CHOOSE ONE

- Sitka Stage & Screen may use any and all footage taken of myself and/or my child for the purpose of advertisement and/or promotion.
- Sitka Stage & Screen may only use the below outlined footage taken of myself and/or my child for the purpose of advertisement and/or promotion.
- Sitka Stage & Screen may not use any footage taken of myself and/or my child for the purpose of advertisement and/or promotion.

STUDENT'S FULL NAME: _____

GUARDIAN FULL NAME : _____

SIGNATURE : _____

DATE: _____