

HORSETOOTH PRODUCTIONS CLASS REGISTRATION

PARTICIPANT INFORMATION

PARTICIPANT'S NAME _____
 EMAIL ADDRESS* _____
 MAILING ADDRESS _____
 HOME PHONE _____
 ALT. PHONE _____

AGE – CHECK ONE:
 AGE 18+ _____
 AGE 16 – 17 _____
*Participants ages 16 and 17
 must have parent or legal
 guardian consent*

**We will use email as the primary way to send notices regarding this class and instructor feedback.*

PARENT/LEGAL GUARDIAN INFORMATION for participants age 16 – 17

| | | | |
|--------------------------------------|--|--------------------------------------|--|
| MOTHER'S NAME | | FATHER'S NAME | |
| MOTHER'S EMAIL* | | FATHER'S EMAIL* | |
| MOTHER'S HOME ADDRESS (IF DIFFERENT) | | FATHER'S HOME ADDRESS (IF DIFFERENT) | |
| MOTHER'S HOME PHONE | | FATHER'S HOME PHONE | |
| MOTHER'S ALT. PHONE | | FATHER'S ALT. PHONE | |

SESSION

- ADVANCED ACTING MASTER CLASS – BY AUDITION ONLY (MAY 2004 – MARCH 2005)**
 \$50 Orientation (includes \$25 for “Challenge for the Actor,” the required text)
 \$35 each monthly class (includes rehearsal, up to 5 minutes recording on videotape, and feedback from instructors)
 \$20 each monthly class (includes participation, in-class feedback, but no videotaping or critique)

Class Policies

By registering, I agree to confirm my attendance at least one week before each class. Payment is due at the start of class. If I confirm my attendance and then do not attend three times in a 12-month period, I understand I will be dropped from class. If I confirm my attendance and do not attend twice in a row, I understand I will be dropped from class. I agree to come to class prepared to work, rehearse, and have my performance videotaped for critique.

Liability Waiver

I expressly understand and agree that neither the class location owners and operators nor Horsetooth Productions, nor any of their officers, agents, volunteers, assistants, contractors, or employees shall be held responsible or made the subject of any claim seeking to assess damage or liability for or arising from personal injury or property damage or loss of any other sort to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the Reel Acting class, and I hereby agree to indemnify and hold Horsetooth Productions, their officers, agents, volunteers, assistants, contractors, or employees harmless on account of such claim.

Medical Consent for participants age 16 – 17

As the parent or legal guardian of the above-named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

| | | | |
|----------------------|--|-----------------------|--|
| Doctor's Name | | Doctor's Phone | |
|----------------------|--|-----------------------|--|

- OPTIONAL: Model Release.** I give permission to Horsetooth Productions to use my /my child's name and photographic likeness in all forms and media for advertising, trade, and promotion of Horsetooth Productions. I hereby waive any right that I/my child may have to inspect and approve the finished product or copy that may be used in connection with an image that Horsetooth Productions has taken of me/my child, or the use to which it may be applied.

I represent that I am the participant, or the parent or legal guardian of the above-named participant, and that I have read and understand the above statements.

 Signature of Participant or Participant's Parent or Legal Guardian

 Date

★ *How did you hear about us?* _____

Mail a signed copy of this form and the tuition payment to:
 Horsetooth Productions, P. O. Box 8107, Fort Collins, CO 80526-8107