

Cue to Cue Summer Theatre Drama Camp

By Acting Outright

July 8-12, 2019. 10:00am-3:00pm

Surrey Little Theatre, 7027 184 St.



Registration Form

Please Print (Please fill out individual form for each participant)

First and Last Name of Student: _____

Age of Student: _____

First and Last Name of Parent or Guardian: _____

First and Last Name of Other Authorized Person: _____

Contact Numbers: _____

Email: _____

Emergency Contact Name and Number: _____

Health Concerns (Ex: Food Allergies, Asthma, etc): _____

Experience in acting, singing, dance or public speaking:

(There are no prerequisites for this class. This question is merely for preparation purposes.)

Comments/Concerns:

Signature of Parent or Guardian: _____

DATE

*Please make payment at www.bit.ly/cuetocue! Registration will not be confirmed until both the registration form and payment are received.

Once completed, please email this form to info@surreylittletheatre.com.

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Form

Without remuneration of any kind, I being competent and of legal age, hereby give Surrey Little Theatre the absolute and irrevocable right and permission, with respect to **my and/or my child/ward's** likeness, performance, and participation in the promotions of Surrey Little Theatre and its Television/Print/Internet/Corporate Video communications; hereinafter called the "Communications":

- a) To record **my and/or my child/ward's** likeness, performance and participation;
- b) To copyright the same in its own name or in any other name which it may choose;
- c) To telecast or print the Communications of the recording thereof one or more times over any internet site, station or stations, or to publicize the Communications or any portion thereof by any means, for any purpose whatsoever in whole or in part, including (but not by way of limitation), promotion, advertising, trade; and
- d) To use **my and/or my child/ward's** name in connection therewith if it so chooses.

I acknowledge that Surrey Little Theatre is and will be the sole owner of all rights in and to the Communications and the recording thereof, for all purposes in perpetuity. I hereby assign any copyright rights, publicity rights or any other rights that I may have regarding the Communications to Surrey Little Theatre. I also hereby release Surrey Little Theatre, its affiliates and their respective directors, board members, officers, and employees ("Releasees"), from any and all claims of any nature whatsoever which I could or might have against the Releasees by reason of any fact or matter whatsoever.

By signing my name, I acknowledge that I have carefully read and understand this document.

Date: _____

Participant's Name: _____ Age: _____ (if under 19)

Parent/Guardian's Name: _____ Telephone: _____

Signature: _____

Signature of witness: _____