

HALLIE TODD STUDIOS

ACTING CLASSES / PRIVATE COACHING FOR FILM & TELEVISION

After completing this form, please email to info@hallietoddstudios.com, fax to 818.789.4230 or mail to Hallie Todd Studios, 13636 Ventura Blvd #298, Sherman Oaks, CA, 91423.

STUDENT INFORMATION

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS				
CITY		STATE		ZIP CODE
HOME #	WORK #		CELL #	
EMAIL		GENDER MALE _____ FEMALE _____		
CLASS/CLASSES ATTENDING				
DAY(S) & TIME(S)				

APPLICANTS 17 & UNDER

AGE	D.O.B.	SCHOOL	GRADE
STUDENT RESIDES WITH BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____			

IMPORTANT MEDICAL HISTORY

EMERGENCY CONTACT

NAME	RELATIONSHIP TO STUDENT
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MOTHER'S INFORMATION

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS				
CITY		STATE		ZIP CODE
HOME #	WORK #		CELL #	
EMAIL		OCCUPATION		

FATHER'S INFORMATION

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS				
CITY		STATE		ZIP CODE
HOME #	WORK #		CELL #	
EMAIL		OCCUPATION		

SIGNATURE

RESPONSIBLE PARTY	DATE
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Terms & Conditions: Hallie Todd Studios (the "Company") offers the Program to the following terms and conditions.

Fees: Company reserves the right not to admit any Participant if all enrollment fees are not paid in full prior to the first session of the Program. Company's admission of any Participant shall not be considered waiver of any kind. All enrollment fees must be paid **no later than 5 days prior to the first scheduled class** of the Program. Participant and/or Parent/Guardian may request that Company approve an alternate payment schedule. If legal action is necessary to collect any outstanding balances, attorneys' fees and costs will be added to the outstanding balances. There is a **\$25** charge for any returned or dishonored checks.

Responsibility & Practices: Company is not responsible for make up classes or refunds for sessions missed as a result of illness, emergencies or other events beyond Company's control. Company reserves the right to exclude from the Program anyone it deems necessary. This includes, but is not limited to, any Participant who fails to abide by the Terms and Conditions. All Programs are subject to change or cancellations at the sole discretion of Company.

Permission: Company shall have the right and permission to use or to publish Participant's name, likeness and biography in any manner the Company deems proper, including without limitation, the advertising and publicity and its services.

Waiver Release: I, the undersigned, understand that the above named program, offered by Company may involve physical activity. I, further understand that accidents can occur during the named Program and the Participant's can occasionally suffer serious injury. Nevertheless, I, ON BEHALF OF THE ABOVE MENTIONED MINOR AND/OR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATION IN THE PROGRAM. In return for allowing minor and/or myself to participate, on behalf of minor and/or myself, hereby waive, release and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter can occasionally suffer serious injury. Nevertheless, I, ON BEHALF OF THE ABOVE MENTIONED MINOR AND/OR to discharge in advance Company and its employees, agents and volunteers from and against any and all liability arising out of or connected in any way with minor's participation or my participation in this Program. THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESSES ON THE PARTS OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS AND VOLUNTEERS. This waiver release shall apply to minor and myself, as well as heirs, executors, or administrators. By my signature below, I hereby certify that I am either the Participant or Parent/Guardian of the minor and that I am acting in that capacity.

Choice of Law/Arbitration of Disputes: All questions with respect to the construction of this agreement and the rights and liabilities shall be determined in accordance with the applicable provisions of the laws of the State of California. Participant and/or Parent/Guardian accept binding arbitration as thee method of solving and disagreements.

Acknowledgment: Participant and/or Parent/Guardian has read and acknowledges the above terms and conditions and that his/signature is an acceptance of the terms and conditions.

READ AND ACKNOWLEDGED BY:

Signature of Participant(Parent/Guardian, if Participant is a minor)

Print Name

Date