

TLP Registration Form for DIRECTOR'S WORKSHOP

Saturday, 10:00am to 4:00pm, Sunday, 1:00pm-4:00pm

TODAY'S DATE: _____

NAME _____ AGE _____

ADDRESS _____

PHONE _____ EMAIL _____

IN CASE OF EMERGENCY: _____

RELATION/PHONE: _____

THEATRE EXPERIENCE: (list when, where) Use back of form if needed.

THE FOLLOWING RELEASE MUST BE SIGNED BY YOU AND YOUR GUARDIAN BEFORE YOU CAN BE ACCEPTED INTO THE WORKSHOP:

Release and Authorization

I, _____, hereby authorize TWIN LAKES PLAYHOUSE to release my photograph and/or theatrical background information concerning me regarding TWIN LAKES PLAYHOUSE Education/Outreach Program for advertising and publicity purposes only, concerning the workshop in which I participate, including but not limited to: newspapers, magazines, FACEBOOK and YOUTUBE, or any other internet posting for promotion only. I further hold harmless TWIN LAKES PLAYHOUSE from any liability or damage which may result from any such publication. I also hold harmless TWIN LAKES PLAYHOUSE from any liability or damage to my person or possessions while participating in the acting workshop. I am participating at my own risk in acting games and exercises suggested by the directors of TWIN LAKES PLAYHOUSE and their Education/Outreach Program.

Signature of Participant: _____

Parent/Guardian Signature: _____ Date _____

Please mail to: Twin Lakes Playhouse Education/Outreach Program
P.O. Box 482, Mountain Home, AR 72653