



LIGHTS, CAMERA, ACTION!

A Fashion Story

CONTACT INFORMATION SHEET

MODEL NAME _____ AGE _____

BIRTH DATE _____ HEIGHT _____ WEIGHT _____

SHIRT SIZE _____ PANTS SIZE _____ SHOE SIZE _____

DRESS SIZE _____

PARENT INFORMATION

NAME OF PARENT OR GUARDIAN _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PARENT OR GUARDIAN _____ PHONE NUMBER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ E-MAIL _____

PLEASE LIST THREE ADULTS THAT ARE AUTHORIZED TO PICK UP YOUR CHILD FROM REHEARSALS

NAME _____ PHONE NUMBER _____
RELATIONSHIP _____

NAME _____ PHONE NUMBER _____
RELATIONSHIP _____

NAME _____ PHONE NUMBER _____
RELATIONSHIP _____

MEDICAL INFORMATION REQUIRED

EMERGENCY NAME AND NUMBER TO BE USED IN THE EVENT OF AN INJURY THAT REQUIRES TREATMENT

PLEASE LIST ALL ALLERGIES

PLEASE LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING

I, as parent or guardian with legal responsibility for _____ (the minor "Participant"), desire to have the Participant voluntarily participate in Lights, Camera, Action! (collectively referred to herein as the "Activities"), realizing that injuries and accidents sometimes result. In consideration of the opportunity of Participant to participate in the Activities, I, on behalf of the Participant and Participant's family, and/or any other person or entity affiliated therewith (the "Waiving Parties"), do hereby expressly and knowingly assume all risk of injury. Participant may have or contend to have on account of any injury, including permanent disability, death or damage to property, caused by or alleged to be caused in whole or in part as a result of participation in the Activities, including all claims arising out of negligence or gross negligence of Releasees. I further authorize Releasees to obtain emergency medical treatment for Participant, including, if necessary, surgical procedures, if Participant is injured while participating in the Activities. With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning. I have no knowledge of any physical impairment that would be affected by the Participant's participation in the Activities

Parent or Guardian signature and date: _____