



# Film Actor's Studio

## "Camp Hawaiiwood"

### Registration Form

Name \_\_\_\_\_

Street address \_\_\_\_\_

City/town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

How did you hear about Camp Hawaiiwood? If internet please state how you found us what you Googled or clicked? \_\_\_\_\_

#### **Agreement: Refund/ Cancellation Policy for Camp Hawaiiwood.**

Tuition must be paid in advance.

Our Camp Hollywood programs are WEEK LONG PROGRAMS— Monday-Thursday specifically. A full refund minus a \$35 processing fee will be made prior to two weeks prior to the start date. No refunds will be made after that date. We do not offer refunds for missed classes. All returned checks and denied credit cards will incur a \$50 fee.

#### **Pick Up Policy/Late Fee**

Please be sure the authorized pick-up person arrives promptly at the end of class. A \$15 fee will be assessed if he/she is picked up more than 15 minutes after class end time. Each 15 minute increment will result in an additional \$15 fee.

#### **Release of Liability**

As an adult student or the parent/legal guardian of the aforementioned child, I certify that I hold harmless and release the Film Actor's Studio, its employees, and agents from any liability, claim, right of action, of any kind or nature which I, my child, or legal representative may have as a result of injury, illness, or damage. I authorize the Film Actor's Studio to seek urgent medical care in the event we are not able to reach a parent or guardian.

I hereby allow the Film Actor's Studio to take photographs or videotape of me/my child during participation in its programs. The photos or video may be used for the sole purpose of promoting the Film Actor's Studio. I have read, understand, and agree to all of the above .

Student or Parent signature (*if under 18*) \_\_\_\_\_

Print Name Here: \_\_\_\_\_