



Film Actor's Studio Registration Form

Name _____

Street address _____

City/town _____ State _____ Zip _____

Phone _____ e-mail _____

Agreement:

Refund/ Cancellation Policy for our classes and workshops:

Tuition must be paid in advance. If you cancel your enrollment in advance of 15 days from the start date, you will receive a full refund. Beyond this point we will retain a 10% administrative fee in addition to the charges for any classes attended. Payment is made month-to-month, and is non-refundable if you cancel your enrollment within the month. All returned checks and denied credit cards will incur a \$50 fee. **If you miss a class...** You may make up a maximum of two classes. We request that you do your make-up within 8 weeks of the missed class. You must be currently enrolled in the Film Actor's Studio to redeem a make-up class.

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 of an emergency.

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 and understand all of the above.

Class Name _____ Amount Enclosed \$ _____

Student signature _____

Parent signature (*required if under 18*) _____

Please make checks payable to Sherrie Robertson/Wilderness Road and mail with this form to: **Film Actor's Studio/Wilderness Road 827A 17th Avenue Honolulu, Hawaii 96816**