



Film Actor's Studio

"Making A Music Video"

Registration Form

Name _____

Street address _____

City/town _____ State _____ Zip _____

Phone _____ e-mail _____

Agreement: Refund/ Cancellation Policy for the Music Video Course:

Full Tuition or partial (half) tuition must be paid in advance. If you cancel your enrollment , you will receive a full refund up to one week in advance. No refunds after July 1st 2014. Payment is due either in full or by July 14, 2014 or final half the second session. Any and all agreements pertaining to this class/event, must be in writing. No verbal agreements will be honored. All returned checks and denied credit cards will incur a \$30 fee.

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 and the Comedy Clinic Project created in class. I have read and understand all of the above.

Class Name _____ Amount \$\$

Student or Parent signature (if under 18) _____

