



**GLOBE**  
PRODUCTIONS

# FALL WORKSHOP 2017

**8-13 years on September 1, 2017**

**TIME:** 10am - 12pm

**LOCATION:** Old Armoury, 1A Park Ave, Georgetown

**COST:** \$150

## PARTICIPANT INFORMATION

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Participant's  
name

Date of birth

Male

Female

Full address

Mother's name

Email

Phone Number

Cell

Father's name

Email

Phone number

Cell

## EMERGENCY CONTACT (other than parents)

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Name

Relationship  
to child

Phone

Cell

## MEDICAL INFORMATION

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Allergies      Yes      No

Please give  
details

Does the participant carry an epi-pen, puffer or any other medical device or medication with her?

Yes      No

Please give  
details

Does the participant have any physical or other health issues which may impact her?

Yes      No

Please give  
details

Family physician

Phone

## GENERAL INFORMATION

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Does the participant have any prior experience with any aspect of theatre, acting, musicals, workshops, etc?

Would you like to receive email updates about Globe shows, auditions, news and events?

Yes      No

**The fee is payable by cash or cheque to Georgetown Globe Productions.** Proof of age may be required upon request for first time participants. No cancellations or refunds will be given in the event of a participant withdrawing on or after October 1st, 2017. Globe reserves the right to remove at any time participants deemed to be behaving in a way that compromises the standards of the workshop or threatens the safety and well-being of themselves and/or others. If this should occur, refunds may not be given for the remainder of the session. In the event of a lateness or absence from a workshop, no fee adjustment will be made. It is the responsibility of the parent/guardians to provide accurate information for all sections on this form.

Parent/Guardian signature

Date

## PHOTOGRAPHY RELEASE

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I, \_\_\_\_\_, of \_\_\_\_\_ (address) (full name) in the city/province of \_\_\_\_\_ hereby irrevocably consent to and authorize Georgetown Globe Productions Inc. (Globe) to capture photographs/video and grant full ownership and permission in perpetuity the use of photographic portraits of the participant(s) \_\_\_\_\_, or to use portraits or pictures in which the (participants names) participants may be included, in illustration, advertising and publicity material on behalf of Globe Productions. This consent and authorization includes permission for Globe to copy, license, exhibit, re-use and re-publish photographic portraits or pictures and to use any medium including but not limited to film, internet, CD-ROM, electronic and/or other future format(s). I understand that Globe is not obligated to use such materials and they will not be provided or returned to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

By signing this document, I hereby release and forever discharge Georgetown Globe Productions Inc. (Globe) from all liability, whether direct or indirect, and hereby waive all claims, demands, actions and causes of action which I have or may have against Globe Productions with respect to, or arising from the use by Globe of portraits or pictures of myself and/or members of my family as identified above. I agree to and accept the possibility of flaws, distortions, and inaccuracies in the reproduction of the image(s) of myself and/or the members of my family for whatever reason.

I further acknowledge that, and consent to the use by Globe Productions of portraits or pictures of myself and/or the members of my family identified above shall be without restriction as to the making of changes or alterations by Globe.

# WAIVER OF LIABILITY

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I hereby waive, release and indemnify Georgetown Globe Productions Inc. (Globe) and their related organizations, and respective officers, directors, agents, employees and any volunteers without limitation from and against any actions, causes of action, suits, claims and demands whatsoever which I may have for or by reason of, or in any way arising out of any damages, losses or injuries that may result from my participation as a Globe performer, participant, volunteer. I hereby agree that I will not make any claim or demand or commence or threaten to commence any action or proceeding, or make any claim against the agents of Globe in connection with any damages, losses or injuries that may result from my participation in the activities or events organized in connection with Globe Productions Inc.

In cases where parental signature is given for a child, I guarantee I am the parent/legal guardian of the aforementioned child/children and I hereby indemnify Globe Productions from and against any such claims which may be made against Globe Productions by any third party. I have read, understand and accept these terms and conditions.

FULL NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS FULL NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please mail this form with a cheque, payable to GEORGETOWN GLOBE PRODUCTIONS to:**

**Globe Productions**  
The Old Armoury  
1A Park Avenue  
Georgetown, Ontario  
L7G 1Y4

Participation is on first come first serve basis. We will contact you via email or phone number provided to confirm your child's participation.

If you have any questions, please email us at [info@globeproductions.ca](mailto:info@globeproductions.ca).