



ROOT BRANCH ENROLLMENT FORM

SEMESTER: _____ DATE(s): _____

LOCATION: _____

STUDENT'S GENERAL INFORMATION:

Student's Name _____

Student's Address _____

Student's Age _____ Student's DOB: _____ Student's Grade _____ Gender _____

Eye Color _____ Hair Color _____ Height _____ Weight _____

Parent/Guardian's Name _____

Parent/Guardian's Address (if different from Student's) _____

Phone – (h) _____ (w) _____ (c) _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship to Student _____

Address _____

Phone – (h) _____ (w) _____ (c) _____

Any special needs/allergies, etc. of the student:

If anyone other than parent/guardian will pick up the child, please list the name and relationship (a picture ID will be required). _____

P H O N E
(O) 410-637-3530
(M) 202-836-ROOT

**S O C I A L
M E D I A**
Root Branch Film

A D D R E S S
Root Branch Film
69 Meriam Court
Owings Mills, MD 21117

ROOT BRANCH TALENT RELEASE FORM

Production Title: _____

I, _____ the undersigned, authorize the staff of Root Branch Productions, LLC and affiliate departments and organizations to record, film and videotape my voice and image and to photograph my person.

I further authorize Root Branch Productions, LLC to use, televise, and publish (in print, radio or on the Internet) such voice and image recording and photographs for any purpose which Root Branch Productions, LLC deems suitable. I understand that Root Branch Productions, LLC intends to advertise, market, and distribute the above-named production, and I hereby release any and all interest which I have or may hereafter acquire in any proceeds from such sale or distribution of said production. I agree that no representations have been made regarding the purpose or use of my voice or image except those set forth in this release.

In consideration of participation in the media production described herein, I do for myself, my heirs, executor, administrators, legal representative and assigns release and forever discharge the agent, and employees and all other persons connected with the named production from any and every claim, demand, action, in law or equity that may arise as a result of my participation in the production named in this release.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from my participation in the production named in this release.

TALENT CONTACT:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

AGREED:

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

(if minor under 18 years old)

Signature Root Branch Productions, LLC _____ Date _____

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SCHOLARSHIP APPLICATION

I, affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Biographical Information

A. You, the Nominee

Legal name in full

Last First M.I.

Permanent Residence

Street and Number

City State Zip-code

How old are you?

What school do you attend?

Which grade are you in? 3rd 4th 5th 6th 7th

B. The Parent/Guardian

Legal name in full

Last First M.I.

If permanent address is not the same as nominee*

Permanent Residence

Street and Number

City State Zip-code

Income Facts

Position Title Yearly Salary

Do you receive other forms of income? No Yes

If yes, please describe.

Do you receive state or federal benefits? No Yes

If yes, please describe.

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10 E. North Ave
Baltimore, MD 21202

SCHOLARSHIP APPLICATION

Aspirations (to be completed by nominee)

A. In two to three sentences explain your interest in film, television, photography or acting?

B. In an essay, explain why you should receive the Summer Enrichment Program Scholarship? (300-500 words)

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Applications are due June 15th. Please submit via email to vonna@rootbranchproductions.com.

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