



Root Branch
Productions



ROOT BRANCH FILM ACADEMY 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). _____



PAYMENT FORM

STANDARD ENROLLMENT

PAYMENT MUST BE RECEIVED BY (6/30/2016)

Date: _____ (Check one) ___ Summer ___ Weekend ___ After School

Student's Name _____

Parent/Guardian's Name _____

Address _____

City/State/Zip: _____

Phone (h) _____ (w) _____ (c) _____

Please make check or money order Payable to: Root Branch Film Academy. Thank you!

Check One	Payment	Amount
	Full Payment	\$395.00
	Deposit (non-refundable)	\$145.00
	Second Installment	\$125.00
	Third/Final Installment	\$125.00

Signature of Parent: _____ Date: _____

Processed by: _____ Date: _____



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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 _____
(if minor under 18 years old) Date

Signature Root Branch Productions, LLC _____
Date