

Much Ado About Shakespeare, LLC

Information Form, Publicity Release, & Waiver and Release

Information

_____	_____	_____	_____
_____	Site	Program	Season
_____	_____		
Intern(s) Name(s) and Birthdate(s)	_____		
_____	Telephone (home, cell, work)		
Address	_____		
_____	Email Address(es)		

At the bottom or on an additional page, please list any Interests, Special Skills, and Goals for this year. Is there anything special you would like us to know about you?

Your registration and enrollment are not complete until all steps of the registration process have been completed, all of your application and registration forms have been reviewed and accepted by Much Ado and until you have received written confirmation of registration and enrollment from Much Ado. All applications, deposits, reservations, payments, registrations and/or enrollments are subject to Much Ado's Rules and Policies. Please see our Rules and Policies on our website at muchadoaboutshakespeare.com. Much Ado About Shakespeare, LLC reserves all rights.

Publicity Release

I hereby grant Much Ado About Shakespeare, LLC and its Staff permission to photograph and video record me and to use those photographs, other photographs in which I may be included, and videos, for advertising and publicity purposes, inclusive of print advertising, educational videos, television, videotaping, or film broadcast in connection with the advertising and promotion of Much Ado About Shakespeare, LLC.

I acknowledge that the photographs and videos described above and all reproductions thereof are the property of Much Ado About Shakespeare, LLC and that I have no rights therein.

I hereby release and discharge Much Ado About Shakespeare, LLC and its Staff from any and all claims and demands arising out of or in connection with the use of such photographs and videos described above, including, but not limited to, claims and demands for compensation, libel, defamation, violation of privacy or publicity rights or infringement of any literary, property or other rights.

I have read and fully understand the above.

Signature

Date

Waiver and Release

I _____ hereby agree to assist in the classes and activities offered by Much Ado About Shakespeare, LLC and hereby absolve and release Much Ado About Shakespeare, LLC and its Staff from any and all liability for any injury, loss or damages that may be incurred by me in the Much Ado About Shakespeare, LLC classes and activities.

I have read and fully understand this waiver and release.

Signature

Date

Much Ado About Shakespeare, LLC

Commitment Form and Medical Treatment Authorization

Commitment Form

Interns in the Much Ado About Shakespeare, LLC program must sign this form stating their commitment to abide by all the program policies, rules and requirements and that they have checked their personal calendar (including the athletic calendar) for conflicts with classes.

Please state any anticipated schedule conflicts with classes immediately below. Conflicts that arise later, other than serious emergencies, are not acceptable.

Conflicts:

By signing below, I am indicating that I have read and understand the Rules and Policies. I understand and agree to the policies, rules and requirements contained in the Rules and Policies and will abide by all of them. Further, I have checked my family calendar and noted all anticipated conflicts on this page.

Signature of Intern

Date

Medical Treatment Authorization

I do hereby authorize in the event of an accident, injury, or illness involving me in which I am incapacitated or otherwise unable to make decisions regarding my medical care, that if my emergency contact listed below cannot be contacted, Much Ado About Shakespeare, LLC and its Staff may act as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, as is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act of California.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to give consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to provisions of Section 25 of the California Civil Code of California.

Name

Signature

Date

Emergency Contact Information

Name

Phone Number(s)

Relationship

Address

