

# Much Ado About Shakespeare, LLC

## Performance Day Intern Renewal of Releases, Waivers and Authorizations

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_____	_____	_____	_____
_____	_____	_____	_____
<b>Intern(s) Name(s)</b>	<b>Birthdate(s)</b>	<b>Site</b>	<b>Program</b>
_____	_____	_____	<b>Season</b>
_____	_____	<b>Home Phone</b>	_____
<b>Address</b>	_____	<b>Cell Phone</b>	_____
_____	_____	<b>Email Address(es)</b>	_____

*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, renewals and/or enrollments are subject to Much Ado's Rules and Policies. Please see our Rules and Policies on our website at [muchadoaboutshakespeare.com](http://muchadoaboutshakespeare.com). Much Ado About Shakespeare, LLC reserves all rights.*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please update information regarding any physical, emotional, behavioral or learning conditions which might affect your ability to assist and participate fully, respectfully, safely and cooperatively within the program. If there are no such conditions, please write "no such conditions."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, have previously filled out and executed the Performance Day Intern Registration Forms for Much Ado About Shakespeare, LLC on \_\_\_\_\_.

I hereby agree that all the terms and conditions of those forms shall apply to the performance day(s) on \_\_\_\_\_ and shall be deemed to be executed for that day(s) for all interns listed above.

Referring to those previously executed Registration Forms, I specifically reaffirm, renew and extend the:

**Publicity Release**

Intern (please initial) \_\_\_\_\_

**Waiver and Release**

Intern (please initial) \_\_\_\_\_

**Commitment Form**

Intern (please initial) \_\_\_\_\_

**Medical Treatment Authorization**

Intern (please initial) \_\_\_\_\_

**Personal Comment Form**

Intern (please initial) \_\_\_\_\_

I have read, understand and agree to all the above.

\_\_\_\_\_  
**Signature of Intern** (full signature)

\_\_\_\_\_  
**Date**