

Faery Fest Actor's Commitment Form
Faery Fest June 20 – 21st, 9am- 7pm

Actor's Name: _____

I hereby agree to wholeheartedly participate in scheduled rehearsals and to be in attendance for the entirety of FaeryFest. I understand that the event takes place over the span of June 20th – 21st, and that I will need to be available between 9am and 7pm for both days.

I understand that the FaeryFest representatives will supervise all related activities and every reasonable effort will be made to maintain the safety of all actors and their property. It is understood that the FaeryFest committee, director and affiliates will not be held liable for missing items, injuries and or accidents that may occur during event related activities.

I authorize the FaeryFest representatives to secure medical advice and or services should they be deemed necessary for the health and safety of the above named actor. I agree to accept financial responsibility for medical expenses in excess of the benefit allowed by OHIP.

Actor's Signature _____ Date: _____

For actors under the age of 16:

I hereby give consent to have the named actor to participate in rehearsals and the aforementioned event and also agree to the terms laid out above. I understand that there is a sign in/out list for every rehearsal, and have listed the alternate individuals authorized to pickup the named actor.

Parent / Guardian Signature: _____ Date : _____

Printed name: _____

Others authorized to pickup this actor: (please list name and relationship)

Emergency Contact _____

Relationship to actor: _____

Heath Card Number _____

Doctor's Name / Phone # _____

Allergies or Special Medical Condition:
(If serious, please attach an explanation)