

Consent Form

Name _____ Age _____ Birthday ____/____/____

Address _____ Phone _____-_____-_____

City _____ State _____ Zip Code _____

Emergency Contact #1 Phone Number _____-_____-_____

Relation to Actor: _____

Emergency Contact #2 Phone Number _____-_____-_____

Relation to Actor: _____

Participant Signature

Date

Do you have any allergies? Yes/No _____

If yes please write them below. (Let us know all food allergies and if you are allergic to latex)
