



FAI Participant Form

Nov. 7-8th, 2014

Participant Info: TRACK: (Choose One) [] Filmmaking [] Acting

Participant Name _____ Age _____ Phone: (____) _____

Date of Birth: ___/___/___ Grade Completed: _____ Email: _____

Address: _____ City: _____ ST _____ ZIP _____

In case of an emergency notify: _____

Relationship to participant: _____

Phone Numbers - Mobile: (____) _____ Work: (____) _____ Home: (____) _____

Participant Medical Profile:

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain:

- Asthma Sinusitis Bronchitis
- Kidney Trouble Heart Trouble Diabetes
- Dizziness Stomach Upset Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ___/___/___ ***PLEASE INCLUDE an insurance card photocopy.***

Family Physician _____ Phone: (____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____ Employment: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Complete and sign below (*Participants who are minors per your state laws require Parent/Legal Guardian signature*).

Participant's Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Phone: (____) _____ Date: ___/___/___

To Complete Registration:

1. COMPLETE & SIGN *both* pages, then SCAN & EMAIL to **FAintensive@gmail.com**.
2. Make check payable to "**Justice Creative LLC**" and mail to: 6305 Shelby Lane, Virginia Beach, VA 23464
Payment must be received to complete registration and reserve a slot. Payment is non-refundable.



Permission, Acknowledgements, Release, Indemnity

In consideration of Participant's ability to participate in the project and project-related event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) hereby:

A. Permission For Medical Treatment: Grant my permission for any project or event director, church staffer or counselor, project or event or venue staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

B. Photograph/Video Acknowledgement and Permission: Acknowledging that there may be photographs taken or videotaping during normal project or event activities, and these photos/videos may be used in promotional materials, I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

C. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless Justice Creative and the Film & Acting Intensive ("FAI"), the venue, project and event sponsors, as well as their members, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child.

I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

D. Understanding. Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same shall be provided to project venue.

Complete and sign below (*Participants who are minors per your state laws require Parent/Legal Guardian signature*).

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Phone: (____)_____ Date: ____/____/____