

Indy Actors Academy Class Registration Form

Student Name Parents Name if under 18	
City	Zip
Email	
Facebook	
Briefly describe your goals as an actor/actress	
	O/mo, payable at the beginning of each month. ed classes can made up by accessing the class recording**
	s Can Be Paid Via
	ps://venmo.com/JimSide8 ne/jimdougherty/132.50.00 <i>(7.50 PayPal fee)</i>
•	p http://cash.app/\$JimSide8
Publicity Pologo	
Publicity Release	, hereby grant permission to Indy Actors Academy to use
property of or licensed to Indy Actors Academy t	, hereby grant permission to Indy Actors Academy to use promotional materials. I recognize that said materials are o be used at its discretion for purposes of marketing and lia advertising, press releases, feature media/articles, radio and to royalty or compensation due for photo usage.
Signature:(Parent or Legal Guardian if under 18)	Date:
(Parent or Legal Guardian if under 18)	
agree to hold harmless Indy Actors Academy an	myself / my child do hereby release, forever discharge and d its staff, agents, or property owners from any and all liability ir gned and/or the child participant while said is in class or on the demy activity off/on premises.
Signature:	Date:
(Parent or Legal Guardian if under 18)	



