

Permission For Child's Participation in Movie and Round Trip Transportation to Locations

Please fill out this form to grant permission.

* Indicates Mandatory Fields

Wolfshaven Pictures Project information

Title: _____

Filming start date: _____

Travel will include travel to various locations which may include both in state and out of state locations. In some movies out of the county which will be notated on this form in advance of signing. Locations will be disclosed to the parent(s)/guardian(s) with ample notice.

Additional information can be found at <http://www.wolfshavenpictures.net>.

* Childs Name:
First Name Last Name

* Age:

* Birthdate:
Month Day Year

Emergency Contact Information

Parent(s)/Guardian(s) Name: *
Full Name(s)

Phone Number: * () -
Area Code Phone Number

Email Address: *

Additional Information:

I attest the I am the parent/legal guardian of the minor listed above and give him/her my permission to participate in the project for the duration of the project.

Parent/Guardian Signature Date

A copy of the completed form will be considered as valid as an original whether is was photocopied, scanned, mimeographed, photographed, or recreated by any other process that recreates a copy that is insignificantly different than the original.