YOUNG PERSON'S EMPLOYMENT

Written Consent by Parent or Guardian For employment as an actor, background performer or extra

in the Entertainment Industry

	Dates of Work:	
Date of Consent (M/D/Y)	From:	
	To:	
Information of Child:		
Name (Please print in full)	Date of Birth (M/D/Y)	
Address (Suite #/ Street/ City)	Postal Code	
Phone Number (Please include Area Code)	Alternate Phone Number	
Name and Phone Number of Talent Agency (If applicable)		
Production Information:		
Name		
Location, Hours,		

Contact Phone Numbers

Parent/Guardian Declaration:		
I am the parent of this child \Box .	I am the legal guardian of this child \Box .	
	r with the Employment Standards Act & Regulations and Best ent of Young People in the Entertainment Industry.	
	ild or have a Chaperone, nineteen years (19) of age or older, mes while the Child is on set.	
 I am responsible for the Child's well being and safety at all times the Child is working. I understand it is my responsibility to ensure that the Child maintains the requirements of her/his educational program. 		
Performer or Extra for a pro	r my child to be employed as an Actor, Background eduction that adheres to the Employment Standards Act & es for the employment of Young People in the	
Name (Please print in full)	Signature	
Address (If different than Child)	Postal Code	
Phone Number (If different than Child	Alternate Phone Number	
This Written Consent must be obta	ined by the production and retained as employment records.	

(Parent or guardian should retain a copy for own records)