

ALZA 44films Ltd. ALZA ACTING STUDIO REGISTRATION FORM

7 Hayden St. suite 207s Toronto Ontario M4Y 2P2
 Telephone: 416-850-8936 Email: class@walteralza.com
 Web: www.walteralza.com

Include with form: Class Fee & Annual Registration fee of \$20 (separate cheque) Headshot and Resume if you are a new student

NOTE: Both cheques/money orders should be made out to: Alza 44films Ltd. And must be dated THE DAY YOU APPLY. They will be deposited upon receipt to confirm your acceptance.

Audit fee for New Students is \$40. Audit fee for Alumni is \$20. *(except for special events)*

Are you a new Student? Please circle one **Yes or No**

Your Name _____ Email: _____

Address _____ City/ Province _____ Postal Code _____

Telephone #s: Home: _____ Cellular or other: _____

COURSE AND PAYMENT INFORMATION

Instructor: _____

Instructor: _____

Class start date/time _____

Class date 2nd choice (if you wish to take 2 classes per week) _____

Guest workshop Session _____

Guest workshop Session _____

Session Fee (plus GST) _____

\$ _____

Do you wish to work in Private 1 on 1 with Mr. Alza _____

Annual Registration Fee \$20.00 *Payable once a year by all applicants and non-refundable.*

A second cheque for the Session Fee \$ _____

TOTAL PAYMENT ENCLOSED: \$ _____

DATE OF APPLICATION DEADLINE. Please enclose a self-addressed envelope if you are mailing in case we find ourselves unable to accept you for the class.

Mail or Drop THIS COMPLETED FORM WITH YOUR CHEQUE(S), YOUR PICTURE AND RESUME (if you are a Beginner & don't have a pic & res, no problem, you can still apply) AND A SELF-ADDRESSED ENVELOPE TO: ALZA 44 FILMS LTD. 7 Hayden St. suite 207s Toronto Ontario M4Y 2P2

If you are dropping (slide them under the door or put them on the white mail box). The studio is located at 7 Hayden Suite 207S (1 Block South of Yonge and Bloor) m4Y 2P2 . Is accessible from 10am until 6:00pm

How did you hear about us? _____

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ALZA ACTING STUDIO REGISTRATION FORM (page 2 of)

There are no refunds. We do not allow replacement and/or re-scheduled classes. Mr. Alza is a working actor/filmmaker. If he becomes unavailable to do a class or classes, the class will be pushed, and /or another qualified professional instructor from the studio will teach the class and or classes. Our Guest Speaker and or Guest Instructor (S) or date is subject to change. We have used selected students in our films in the past, but neither Mr. Alza or Alza 44films Ltd or its agents, representatives and or employees promise work, acting roles or any work or employment in Alza 44films Ltd. Productions or any related work to Mr. Walter Alza and or Alza 44films Ltd. I understand that when doing private work, sessions/classes with Mr. Alza he might interact not only as a director but as an actor in scenes with me. In consideration of being permitted to participate in any way in the training and other activities of Alza 44films Ltd (Alza Acting Studio and Walter Alza) acting classes, I agree to pay all fees and charges and acknowledge that Alza 44films Ltd (Alza Acting Studio) reserves the right to determine my continued participation in such training and activities. Should discontinuation of participation be required, Alza 44films Ltd (Alza Acting Studio) will pro-rate funds accordingly. On behalf of myself, my heirs, executors, successors, administrators, assigns and whomever else may have an interest either at common law or by operation of statute, I hereby waive any and all claims I or such parties may have now and in the future and or forever, and release from all liability and agree forever not to sue Walter Alza or Alza 44films Ltd (Alza Acting Studio), their officers, directors, employees, contractors and agents (the "Releasees"), for any and all matters also for personal injury, property damage or loss sustained by me as a result of my participation in classes or other activities at the Alza 44films Ltd. (Alza Acting Studio) due to any cause whatsoever, including, without limitation, negligence on the part of the Releasees. I confirm that I have read and understand this agreement and am aware that in signing I am waiving certain legal rights and enter into this agreement of my own free will and volition.

Participant's signature: _____

Date: _____

Parent's signature (if under 18): _____

Date: _____

Minor Acting Student RELEASE

I have read the above information and I agree. For a valuable consideration, the receipt of which is hereby acknowledged, I do hereby confirm the consent heretofore given you the permission to work and or coach our child _____ in your group or privates classes. I (the undersigned) do hereby consent to and join in the execution of the foregoing release as the: PARENT GUARDIAN Other _____ of the aforementioned minor.

Participant's signature: _____ Name (print): _____

Parent's signature (if under 18): _____ Name (print)

Date: _____

Date: _____

Address _____