



# Castle Wall Productions Wish List 2009-10

Name \_\_\_\_\_

Seasons Status: Full  Swing % 75  50  25  Aux  Extra

*Signing this block as well as the rest of your app packe means you will commit to the status you signed up for to include all shows, practices and team meetings.*

---

Seasons Team: Weapons  Wardrobe  Armor  Props   
Merchandise  Motor Pool  PR /Advert  HR   
\* Training  Medical

*\*These teams require special status or skills (1 season in CWP, certified Medical card).*

**Number of fights wanted for season?** \_\_\_\_\_

Black- Demo show usually non character 45 min approx

Burgundy I / II- In character 1 hr show approx

Street- Two to five minute vignettes

Fantasy- Original characterization, fights from shows or original 45 min approx

Character(s) played in the past (CWP, or plays, movies, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Top three character choices for CWP

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*This is only a wish list and does not guarantee you the team, or character you place on here.*

Signature \_\_\_\_\_ Date \_\_\_\_\_





# Castle Wall Productions

## Rules/Duties/Safety/Commitment Acknowledgement & Agreement Guidelines Form

If you have read these rules, and accept them, and would still like to join sign below.

I \_\_\_\_\_ have read all rules/duties safety guidelines  
(Print full name)

and was not coerced in any way to sign this document against my will and understand that I am liable for all aspects of said rules and all connotations that are implied or otherwise inferred. Also I understand that any infractions of these rules may result in the prescribed disciplinary action. I understand that the rules apply for the duration of my tenure with C.W.P. (one season). I agree to these rules and regulations.

I have chosen \_\_\_\_\_ status and understand the  
(FT, PT: 75%, 50%, 25%, AUX, RES)

Commitment(s) I have agreed to and will adhere to the percentage of practices per month that I am required to be at based on my level of participation I have chosen. I also realize that this means my commitment to the CWP performances must match the level of participation I have chosen.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

Date signed \_\_\_\_\_

Parent /Legal guardian (if under 17 years old)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

Date Signed \_\_\_\_\_

Witness

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

Date Signed \_\_\_\_\_



# Castle Wall Productions

## Publicity Release

Due to the self promotional requirements of Castle Wall Productions at various times throughout the duration of the year, C.W.P. will be recording by the use of various media, many of the practices, run-throughs, performances, shows and any other membership activities.

By witness of my signature, I release the right of the use of any recording, whether audio, visual, fixed or motion, any likeness of myself (my child/children in C.W.P.) to become the sole property of C.W.P. I also certify that I surrender to C.W.P. the right to use these various likenesses as they see fit in order to promote or advertise C.W.P. or related events in any way.

I also understand that my voluntary membership in C.W.P. releases C.W.P. and its officers and or members of any responsibility of slander or any other misrepresentation of myself (my child/children in C.W.P.) by C.W.P. or any their affiliates or sponsors or their family members, to include images taken from electronic media without C.W.P. permission.

I certify that I was not coerced, forced, nor pressured in any way into signing this document.

I certify that I am of lawful age and legally competent to sign this release for myself (my child/ children in C.W.P.) and I agree to and confirm all of these terms herein by my signature.

---

(Member)

---

(Signature)

---

(Date)

---

(Parent or legal guardian)  
(If applicable)

---

(Signature)

---

(Date)



# Castle Wall Productions

## Personal Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Nick Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail (to include URL): \_\_\_\_\_

Father's name: \_\_\_\_\_

Fathers Work (if minor): \_\_\_\_\_ phone \_\_\_\_\_

Mother's name \_\_\_\_\_

Mothers Work (if minor): \_\_\_\_\_ phone \_\_\_\_\_

Do you have any gymnastic, acrobatic, stunt, wrestling, martial arts or military experience? Are you currently enrolled in any of the above?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever competed in any sport that involved weapon? Have you ever belonged to a group that utilized any type of archaic weapon? If so how long?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any unique or special skills such as wood working, masonry, needle craft, sewing automotive, performing, musical, etc?

\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies, or other extra curricular activities?

\_\_\_\_\_  
\_\_\_\_\_

Do you have phobias, such as fear of heights, insects, or large crowds?

\_\_\_\_\_  
\_\_\_\_\_

All information remains confidential and used only for CWP purposes.



# Castle Wall Productions

## Medical Emergency Consent / Contact Form

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone : \_\_\_\_\_ DOB \_\_\_\_\_  
Age \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation to patient: \_\_\_\_\_  
Employer \_\_\_\_\_

Emergency Contact Number (if different from above):  
\_\_\_\_\_

List ANY allergies (medications, food, insects etc.): \_\_\_\_\_  
\_\_\_\_\_

List ALL medications: \_\_\_\_\_  
\_\_\_\_\_

List ALL medical conditions (diabetes, asthma, hypoglycemia etc.):  
\_\_\_\_\_

List ALL injuries and surgeries: \_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician \_\_\_\_\_  
Phone \_\_\_\_\_

Physicians  
Address \_\_\_\_\_

Primary Insurance \_\_\_\_\_ ID  
# \_\_\_\_\_

Members Name \_\_\_\_\_ Group  
# \_\_\_\_\_

Dental \_\_\_\_\_ ID #  
\_\_\_\_\_

Members Name \_\_\_\_\_ Group  
# \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated by Castle Wall Productions to myself / my child \_\_\_\_\_ any necessary medical care as a result of any injury illness. This consent includes First Aid and transport to / from health care providers.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
(Parent or legal guardian if applicable)

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

All Information remains confidential and is used only in case of emergency.



# Castle Wall Productions

## Adult Waiver / Release Form

### AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in Castle Wall Productions related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS Castle Wall Productions and all the above Releaseees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

#### UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

# Castle Wall Productions

## Minor Waiver / Release Form

### **RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_ my minor child/ward ("my child"), being allowed to participate in any way in Castle Wall Productions, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS Castle Wall Productions and all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

#### UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_