



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 _____