



Castle Wall Productions

Rules Acknowledgment / Agreement / Safety Guidelines Form

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

I _____ have read all rules and was not coerced in
(Print full name)
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. I agree to these rules and regulations.

(Signature)

(Printed name)

Date signed _____

Parent /Legal guardian (if under 17 years old)

(Signature)

(Printed name)

Date Signed _____

Witness

(Signature)

(Printed name)

Date Signed _____