



BRIFT REGISTRATION FORM & LYRIC THEATRE REGISTRATION FORM

Check one: *BRIFT MC: _____ *Lyric MC: _____ Date: _____
***Master Class registration is for audition purposes only!**

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: (cell) _____ (home) _____

Drivers License Number: XXXXXXXXXXXX Age: _____ DOB: _____

Please check the class(es) you are registering for:

____ Screenwriting 101 ____ Improvisation Plus ____ Real to Reel (R2R)
____ Mornings Musings ____ Improv for Child Actors ____ Fundamentals of Acting

How will you be paying for course(s): ____ Cash ____ Check ____ Credit Card

Occupation: _____ Work Phone: _____

Are you a student? ____ What school do you attend? _____

Grade: _____ Major: _____

Union Affiliations: ____ SAG ____ AEA ____ AFTRA

Resume: () Yes () No Headshot: () Yes () No

If resume and/or headshot are available, please attach or bring to first class.

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

City: _____ State: _____



CONFIDENTIALITY AGREEMENT AND RELEASE*

I, _____, in consideration of my being accepted as a student and/or volunteer in an Institute class, whether said class is for acting, filmmaking, scriptwriting or any Institute offering not mentioned, understand and agree to the following:

- a. I understand that I may be privy to personal information about teachers and/or students, including but not limited to Mr. Reynolds; and
- b. I agree that I will not divulge to any person or entity, either orally or in writing or through any medium whatsoever, any stories or opinions expressed by teachers and/or students before, during or after classes; and
- c. I understand (and agree to abide) that no pictures or recordings are to be made during any and all classes without prior permission from the teacher and Executive Director of The Institute; and
- d. I also agree that any DVD purchased from The Institute will be for personal use only including use as part of an actor's reel for acting/production purposes. I agree that I will not make copies of any such DVD, nor will I use it for public sale or distribution. I understand that my agreement is a precondition to my being able to purchase said DVD from The Institute; and
- e. I understand that while training, auditing, volunteering and/or participating in classes at The Institute, my image, participation and/or class work may be recorded by video and is the sole property of The Institute. I give my consent to The Institute to use any images and/or recordings of me for promotional and educational use at the discretion of The Institute and in perpetuity; and
- f. I agree that, in the event that any action is commenced due to a breach of this confidentiality contract, the venue will be in Palm Beach County, Florida.

I have read this agreement in totality, understand all that I have read and agree to all I have read as attested to by my signature below:

Signature Date

Print Name Phone Number

Address (Street/City/State)

Drivers License Number/State: _____
(copy of drivers license required)

Witnesses: _____
Signature Signature

Print name Date: Print name Date

- **This confidentiality agreement applies to all Institute classes/courses regardless of venue.**