Real Deal Workshop

☐ Houston-Sunday, March 10, 2019
☐ Jacksonville, FL- Sunday March 24, 2019

Participant Name _____

Name_____

Address_____

City_____ ST _____

Zip_____DOB _____

Daytime Phone (   )_____ Evening Phone_____

Email_____

Emergency Contact_____ Contact Phone_____

Payment Type (circle one) Credit Card Online or By Phone
                                 Pay at Door

How did you hear about the Real Deal Workshop? _____

Do you follow us on Twitter?_____ if not, follow us! (@allpro3)

Are you our friend on Instagram?_____if not, befriend us! (@allpro3)

Medical Release
I, the undersigned, do herby release All-Pro3, Inc, 5678 Foundation and the Swisher Gym and Jacksonville University from any liability due to my participating in the Real Deal Workshop. I hereby hold All-Pro3, Inc., 5678 Foundation, Jacksonville University and their respective representatives harmless in the exercise of this authority.
I further acknowledge, understand, and agree that in taking part in this workshop, there is a possibility of physical illness and injury (minimal, serious, and catastrophic) and that I am assuming the risk of such injury by participating.
I further agree to hold harmless All-Pro3 and the Jacksonville University, and each organizations respective representative for any injury or illness incurred during the course of rehearsals and performances.

General Release
In exchange for no consideration, which is hereby acknowledged, I hereby release and hold harmless All-Pro3, Inc., 5678 Foundation and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees and agents from and against any and all claims, causes of action, or demands relating to the use of my likeness for advertising purposes.
I grant full permission to All-Pro3, Inc. and its affiliates, with no obligation to compensate me further to use any photographs, videotapes, motion pictures, recording or other record of my likeness and comments.
I have full authority to execute this General Release and do so with full knowledge of the facts and circumstances surrounding the use of my likeness and comments.

Participants Name:_____ Participants Signature: _____

Parent Signature (if under 18): _____