

PARTICIPANT INFORMATION

Please provide short responses to the following questions:

1) Briefly describe yourself:

2) What activities interest you?

3) Have you ever participated in the performing arts? (ie. singing, acting, dancing, etc.) (This is not a requirement to attend the program) If so, describe:

4) Why do you want to participate in the AWB workshop?

PLEASE READ AND SIGN BELOW:

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE

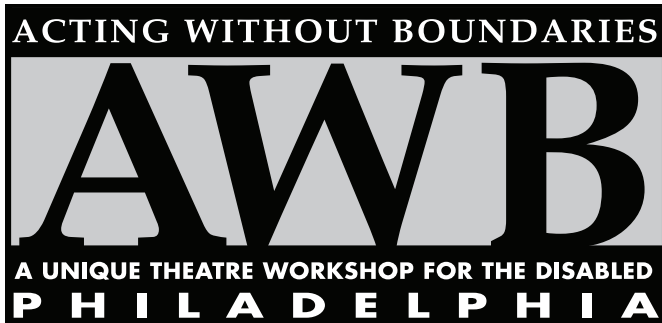
On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in the ESF/AWB workshop and its activities. I understand that my child should not attend the workshop if he/she is not healthy. I understand that my child must abide by ESF/AWB workshop policies and the instructions of the workshop staff. In the event that I cannot be contacted in an emergency, I hereby grant ESF, Inc.(ESF) and AWB permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child at the workshop and ESF and AWB have the right to utilize these in their brochures, videos, slide shows, web site, and other workshop materials. Knowing these facts and in consideration for your accepting my child's application, I, for myself, my child attending the workshop, and anyone else who might claim on my or my child's behalf ("I"), hereby agree that neither ESF, St. Joseph's University nor AWB are responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the workshop and, accordingly, I covenant not to sue, and waive, release, and discharge ESF, St. Joseph's University and AWB, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the workshop. I have carefully read all of the information in this application form and agree to all conditions.

Signature of Parent/Guardian _____ Date ____/____/____

IF THE PARTICIPANT IS OVER 18 YEARS OF AGE

I accept and assume any and all risks associated with my attendance and participation in the ESF/AWB workshop and its activities. I understand that I should not attend the workshop if I am not healthy. I understand that I must abide by ESF/AWB workshop policies and the instructions of the workshop staff. In the event of an emergency, I hereby grant ESF, Inc.(ESF) and AWB permission to give me immediate treatment and/or take me to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of me during the workshop and ESF and AWB have the right to utilize these in their brochures, videos, slide shows, web site, and other workshop materials. Knowing these facts and in consideration for your accepting my application, I, and anyone else who might claim on my behalf ("I"), hereby agree that neither ESF, St. Joseph's University nor AWB are responsible for accidents, injuries, and/or medical or dental expenses arising from my participation in the workshop and, accordingly, I covenant not to sue, and waive, release, and discharge ESF, St. Joseph's University and AWB, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my participation in the workshop. I have carefully read all of the information in this application form and agree to all conditions.

Signature of Participant _____ Date ____/____/____



Send this form to:
Acting Without Boundaries
c/o ESF, Inc.
750 E. Haverford Road
Bryn Mawr, PA 19010

If you have questions call Christine Rouse at:
(610) 581-7100 ext 219