



Application for: _____ (PROGRAM NAME)

APPLICATION INFORMATION

Last Name		First	Date
Street Address			Apartment/Unit #
City		Province	ZIP
Phone		E-mail Address	
Date of Birth	MM / DD / YYYY		
Are you a resident of the Canada?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had Acting Training before?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If so, with whom?
Have you had Voice & Diction Training before?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

EMERGENCY CONTACT

Please list emergency contact

Name		Relationship
		Phone ()
Address		

WHY DO YOU WISH TO ATTEND ICANACT ACTING PROGRAM?

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO SHARE

Please read carefully and understand the terms, disclaimer and liability waiver on page 2 of this form before signing.



DISCLAIMER AND LIABILITY WAIVER

The student expressly confirms and states that he/she has voluntarily chosen to participate in the program out of his / her own free will and not under any kind of pressure from ICANACT, its representatives, instructors or employees, or anyone whatsoever to do so. Further the student expressly understands and confirms that attending the acting program does not in any way guarantee any professional work or career as an actor.

ICANACT reserves the right to reject the participation of the student in any classes for reasons of inability / lack of attendance / misbehavior / conduct endangering the safety / welfare of himself / herself and / or others. Students will not be permitted to accept any acting assignments either in films or serials, during the training period.

ICANACT FEES STRUCTURE :

Total Fees: CDN\$ 850/-

Fees Breakup: Non-refundable Registration fee \$50/- Program fee \$800/-

ICANACT REFUND POLICY:

- ★ If a student withdraws 1 week prior to the commencement of the program a full refund other than the registration fee will be made.
- ★ No refund will be made, once the classes begin.

NON ATTENDANCE: ICANACT will not be responsible if any student misses or is not able to attend a class for whatever reason. No refund will be made to the student on account of such rejection of or the student's own inability to so participate therein for whatever reason.

In case of any accident, injury, loss of life or harm of any nature to any student or student's parent, guardian, relative or friend at or around the class the student expressly agrees and acknowledges that ICANACT shall not be responsible and / or liable for the loss, injury, loss, loss of life, harm or damage caused and the student shall further be liable to ICANACT for all loss and/or damage suffered by ICANACT and / or its representatives, instructors, employees, etc. virtue thereof.

Notwithstanding the above, in the event of any injury or other medical conditions that the student may experience during any of the classes, the student authorizes ICANACT to administer or procure the administration of medical treatment as deemed fit by qualified medical personnel if he / she is not able to act on his / her own behalf and agrees not to make any claim against ICANACT and / or such medical practitioners, whether for negligence and / or malpractice or otherwise. The student further agrees and acknowledges that he / she will be exclusively liable and responsible for all costs, expenses and claims resulting from such medical attention provided, and shall reimburse to ICANACT any sums expended by ICANACT in this regard.

The student shall further indemnify ICANACT in respect of any claims, demands, losses or decrees, orders or awards that may be made against ICANACT and / or its representatives, instructors, employees, etc. in this regard. The student shall further indemnify ICANACT for all losses, damages and injury caused, resulting from or in any way attribute to any illness, accident, injury of any of the members of ICANACT occasioned by any act or omission of the student.

ICANACT reserves the right to change / amend / alter the program / agenda / venue / dates and class timings if deemed necessary.

ICANACT's programs will be covered by the media. Your enrollment for the workshop confirms that you have no objection to the same and will co-operate with ICANACT for all such publicity, television and media coverage.

All programs will be conducted under the supervision of the instructors. However, the nature of the program requires full participation of the student in terms of expression and conduct and should not result in any harassment charges levied against ICANACT .

I accept,

For iCANACT

Student Signature

Authorised Signatory

Date: