



## **UNDER 18 ADULT RESPONSIBILITY FORM**

<b>YOUR NAME (ADULT'S)</b>		
<b>ARE YOU OVER 18? (PLEASE CIRCLE)</b>	<b>YES</b>	<b>NO</b>
<b>WHAT IS YOUR RELATIONSHIP TO THE AUDIENCE MEMBER?</b>		
<b>YOUR ADDRESS</b>		
<b>CONTACT NUMBER</b>	<b>MOBILE</b>	<b>HOME</b>
<b>CHILD'S NAME/Children's names</b>		
<b>DO YOU TAKE RESPONSIBILITY FOR THIS CHILD/CHILDREN DURING THE FULL FILMING PROCESS? (PLEASE CIRCLE ANSWER)</b>	<b>YES</b>	<b>NO</b>

Adult's Name:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_