AIRCAT LLC Registration/ Release 2020

Name:_____Pronoun:_____

Address:_____

City: _____State:_____Zip:_____

Phone-Primary:_____Secondary:_____

Email:_____

This confirms that I have agreed to be videotaped and/or photographed by Aircat LLC and that Aircat LLC will own any and all photo/video rights of me for use in future media. Aircat LLC shall be the sole and exclusive owner of all media and of all of the results and proceeds of my appearance. Any published work performed in accordance with this Agreement shall be the exclusive property of Aircat LLC.

This release will permit Aircat LLC to proceed with the said video/photography recording and/or usage of the said video/photography recording; and I hereby waive to Aircat LLC possession of all media currently known and unknown, in all universes, and in perpetuity, all personal right and objection to any use to be made of me, my name or my personality in connection with the use of said video/photography containing my image, and/or voice recording for any and all media presentations, publicity and for any other trade and advertising purposes or publications.I understand that in proceeding with the said video/photography, Aircat LLC will do so in full reliance on the foregoing permission. I understand that I will not receive compensation for my participation.

Please check all medical conditions that pertain to you with an explanation where appropriate:

___pregnancy beyond the 1st trimester	___severe muscle spasms	___obesity
___Botox (within last 24 hrs)	___osteoporosis	___Asthma
___inner ear problems	___severe balance issues	___trauma (please list)
___severe neck or back pain	___diabetes	___glaucoma
___recent surgery	___heart disease/condition	___seizures
___very high or low blood pressure	___easy onset vertigo	___recent stroke
___recent concussion or head injury	___impaired vision	___propensity for fainting
___carpal tunnel syndrome	___severe arthritis	___head cold, flu or sinusitis
___hiatal hernia	___disc herniation	___joint replacement
___panic or anxiety attacks	___spinal injury	___severe sprains
___allergic reactions	___hearing impairment	___other
___Autism spectrum	___learning disability	

Explanation:_____

Are you a? (check all that apply)

_____ new student _____ continuing current Aircat student

_____ visiting from out of town _____ attending a teacher training

May we add you to our monthly email newsletter list? _____Yes, please _____No, thank you

Please provide emergency contact information:

Name of contact person:_____ Relationship to participant:_____

Phone Primary:_____Secondary:_____

Email: _____

Signature of participant:_____Date:_____

(parent or guardian if participant is under 18)