

# NEVADA SAG CONSERVATORY APPLICATION

P.O. BOX 35084  
LAS VEGAS, NEVADA 89133

## PLEASE PRINT CLEARLY

NAME \_\_\_\_\_ UNION AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

CHILD ACTOR:

Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

PLEASE CHECK IF YOU WANT TO BE E-MAILED OR CALLED ABOUT FUTURE WORKSHOPS  
OR CLASSES OR OTHER EVENTS DEALING WITH THEATRE/FILMS.  
PLEASE CHECK IF YOU WANT TO BE CONTACTED ABOUT FILMS/COMMERCIALS WORK

Volunteers are needed. Please let us know your area of interest and days and times you are available. \_\_\_\_\_

## 2006-2007 CONSERVATORY DUES STRUCTURE

A membership fee of \$40.00 for SAG actors and \$50.00 for pre-union actors is required for attendance of "Conservatory member only" functions. There may be a small charge for high profile events. The SAG Conservatory runs from September 1, 2004 through September 1, 2005. Membership begins at the time the application is processed. Make checks payable to: **SCREEN ACTORS GUILD CONSERVATORY**. Remit check to an authorized representative or mail it to the address above.

**Event information will be available on the Conservatory Hotline, (702) 226-5620.  
IT IS YOUR RESPONSIBILITY TO CALL THE HOTLINE TO CHECK ON EVENTS.**

Waiver and Release: I hereby release and forever discharge and hold harmless SAG and the SAG Conservatory, their successors and assigns, and any of their officers, agents, employees, volunteers and their successors and assigns, (herein collectively referred to as "Releasees") from any and all liability, claims, demands, damages, costs (including attorney fees) and causes of action, of whatever kind of nature, in law or equity, which may hereafter arise from my participation with the SAG Conservatory. I understand and acknowledge that this Release discharges Releasees from any liability or claim that I may have against Releasees with respect to any bodily or other injury, illness, death, or property damage that may result from my participation in any SAG Conservatory program or workshop, or any activity incidental thereto. I also understand that Releasees do not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability benefits, in the event of injury, illness, death, or property damage.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for joining the Screen Actors Guild Nevada Conservatory  
A public service organization of the Screen Actors Guild – Nevada Branch**