

Nevada SAG Conservatory Application for Union Membership

SAG

3960 Howard Hughes Parkway, Suite 500 Las Vegas, NV 89169

PLEASE PRINT CLEARLY

NAME _____ UNION AFFILIATION _____

ADDRESS _____ CITY & ZIP _____

TELEPHONE _____ CELL _____ EMAIL _____

CHILD ACTOR:

Parent's Name _____ Daytime Phone _____

- | |
|---|
| <input type="checkbox"/> PLEASE CHECK IF YOU WANT TO BE E-MAILED OR CALLED ABOUT FUTURE WORKSHOPS |
| <input type="checkbox"/> 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. _____

2009 - 2010 CONVSERVATORY DUES STRUCTURE

A membership fee of \$40.00 for union actors is required for attendance of "Conservatory member only" functions. There may be a small charge for high profile events. Membership begins at the time the application is processed and will be due again 1 year from that data. 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) 737-8818.
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 _____ Check # _____ Cash _____

Signature _____ Renew Date _____ Check # _____ Cash _____

Signature _____ Renew Date _____ Check # _____ Cash _____

Signature _____ Renew Date _____ Check # _____ Cash _____

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