

SCHOOL OF CINEMA & PERFORMING ARTS

375 GREENWICH STREET; NEW YORK, NY 10013

RELEASE AND CONSENT FORM (Due May 1, 2008):

Participant's Name (Please Print): _____ Parent/Guardian's Name (Please Print): _____

TERMS OF AGREEMENT

We have read, understand and agree to accept and abide by the enclosed SOCAPA Terms of Agreement and all SOCAPA rules, regulations and policies. We agree that our relationship with SOCAPA will be governed by New York State law and that any mediation, suit, or other dispute we may have with SOCAPA must be filed or entered into only in the State of New York.

Signature of Participant: _____ Signature of Parent or Guardian: _____ Date: _____

SUPERVISION RELEASE [High School (Ages 14-18) Program Only – Not Applicable to Youth Program]

I, (we), have read the Supervision Section of the Terms of Agreement and understand that there is a limited amount of personal time scheduled during the program when students will be allowed to explore the area surrounding campus, without a SOCAPA supervisor present, in order to scout for prospective locations and/or to shop for props, costumes or personal items. In order to do so, students must adhere to our "buddy system" and must be granted the following prior written permission from a parent/guardian:

____ I, (we), DO hereby give permission for our child to go off campus without a SOCAPA supervisor present given the guidelines outlined in the Supervision Section of the SOCAPA Terms of Agreement.

____ I, (we), DO NOT give permission for our child to go off campus without a SOCAPA supervisor.

Signature of Parent or Guardian: _____ Date: _____

SWIMMING RELEASE

I, (we), understand that there may be times during the course of the program when our child will have the opportunity to go swimming at a public beach/pool where there is a trained lifeguard on duty.

____ I, (we), DO hereby give permission for our child to go swimming in these circumstances.

____ I, (we), DO NOT give permission for our child to go swimming.

Signature of Parent or Guardian: _____ Date: _____

TRAVEL INFORMATION FORM (Due May 1, 2008):

***Please refer to the Important Dates sheet for arrival/departure dates and times. You may also complete this form online by logging into your SOCAPA Online Account at www.socapa.org/login.htm**

Plans for Arrival:

I am arriving by my own means and DO NOT need an airport pick-up.

I will be arriving at the following airport and need to be picked up (\$35/LAX, JFK & LGA - \$45/LHR - \$20/BTV):

JFK (NY) LGA (NY) LAX (LA) LHR (London Heathrow) BTV(Burlington, VT)

Arrival Date: _____ Time: _____ Airline: _____ Flight #: _____ Coming From: _____

Plans for Departure:

I am departing by my own means and DO NOT need an airport drop-off.

I will be departing from the following airport and need a transfer (\$35/LAX, JFK & LGA - \$45/LHR - \$20/BTV):

JFK (NY) LGA (NY) LAX (LA) LHR (London Heathrow) BTV(Burlington, VT)

Departure Date: _____ Time: _____ Airline: _____ Flight #: _____ Going to: _____

I have special transportation information and/or requests. Please explain in the space below. . .

PLEASE RETURN FORM TO: FAX: (646) 536-8725 / SCAN to EMAIL: ADMIN@SOCAPA.ORG
MAIL: SOCAPA; 375 Greenwich Street; New York, NY 10013