

# Consent for Use of Makeup

By filling out this form, you hereby accept the responsibility of proper theater makeup usage and implementation through Footlights Community Theater.

Footlights Community Theater does not have a full-time makeup personnel. By signing this form you agree that you are ultimately responsible for applying show makeup to actor prior to each show. Footlights Community Theater does offer a makeup guide and is investing in permanent supplies, but for sanitary reasons cannot share some items. Furthermore, by signing this form you acknowledge that Footlights Community Theater may ask the actor to alter appearances for roles. This includes removing acrylic nails, removing polish, personal jewelry, wearing wigs, etc.

Footlights will never ask for actors to alter physical appearance permanently. This includes weight loss/gain, tattoos, piercings, etc.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions. If Releasor is under the age of 19, a parent or guardian will take the role of Releasor and give consent to a child under 19.

Does the actor have a latex allergy? \_\_\_\_\_

(Print) Full Name:

\_\_\_\_\_

(Print) Child Full Name (If Consenting for Underage Actor):

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

X \_\_\_\_\_