



SCHOOL OF FILM/VIDEO

RELEASE TO ALLOW SMOKING IN SCENES

The undersigned actor hereby confirms that he/she has been notified in advance that he/she will be exposed to cigarette, cigar or pipe smoke during the filming of a CalArts student production tentatively titled _____.

(Note: If the actor is a minor, Parent or Guardian must sign on the minor's behalf.)

Actors Name: _____

Actors Role: _____

Actors Signature: _____

Date: _____

If Applicable

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____