APPENDIX 15

APPOINTMENT AND CONSENT OF CHAPERON

EMERGENCY MEDICAL AUTHORIZATION FORM

(see Articles A2704[a] and A2708[c])

Appointment of Chaperon

To _____ (name of Producer)

Re _____ (name of Production)

1. I, _____ (name of Parent/custodian), am
    the Parent or legal custodian of _____ (name of
    Minor), who is under the age of sixteen.

2. I hereby appoint _____ (name of chaperon) to
    be the chaperon of the above noted Minor, my child, for all times that I am unable to
    accompany my child to or from the set, and to remain in attendance while my child is
    present on the set.

I agree to advise you if I will accompany my child instead of the chaperon at any time during
the Production. I warrant that the chaperon I have appointed has my full authority and
confidence to supervise and care for the above noted Minor during this production.

Dated at _____ this _____ day of _____ , _____.

_____
(Parent's signature)

_____
(Parent's telephone number)

_____
(witness signature)

_____
(Print or type witness name)

I, _____ (name of chaperon), have read and familiarized myself with the provisions of the current IPA relating to Minors (in particular, Article A2708) and the script with respect to the Role of _____ (name of Minor). I understand that my responsibility is to ensure that the best interests of the Minor in my care prevail at all times, and I consent to assume this responsibility. I warrant that I am at least twenty-one (21) years of age.

Dated at _____ this _____ day of _____, _____ .

_____
(chaperon's signature)

_____
(address)

_____
(witness signature)

_____
(chaperon's telephone number)

_____
(print or type witness name)

ACTRA

Emergency Medical Authorization form

I,_____, am the Parent of _____,
a child Performer, who is a Minor engaged under the terms of the IPA, and
I hereby authorize the Producer or its designate to arrange for provision of medical treatment
for my child in the event of an emergency. This authorization will be used only when I or
another Parent of the child is unavailable to provide the consent.

Dated at _____ this _____ day of _____ , _____ .

_____
(Parent's signature)

_____
(Parent's telephone number)

_____
(witness signature)

_____
(print or type witness name)

ACTRA