

APPENDIX 14

DECLARATION OF PARENT IN THE ENGAGEMENT OF MINORS

(see Article A2704 [a])

Please read this form carefully as well as the section of the IPA setting out the minimum terms and conditions for the engagement of Minors in independently produced film and TV projects (the "IPA"). This agreement is available from the ACTRA office and will be provided to you upon request. In addition, if you have any questions they should be directed to the minor's Steward at your local ACTRA office. They are there to assist you.

- 1) If your child is offered a Role in a film or television Production, you, as the Parent, are required to complete and sign this form and return it to the Producer prior to a contract being entered into engaging your child.
- 2) You have the ultimate responsibility for the health, education and welfare of your child in making decisions concerning your child with respect to his/her engagement in a Role in a film or television project. The better informed you are, the better informed decisions you will make.
- 3) Firstly, you must be familiar with the requirements of the Role your child is being considered for - this usually means reading the script. It may help you to speak to the Producer or Director to get a clear picture of what the Role entails.
- 4) Having familiarized yourself with the requirements of the Role, you are required to disclose hereunder any medical history or condition or any attitudinal or psychological condition which you are aware of which might foreseeably interfere with or impact on your child's ability to do what may be required. If you think something might be important but you are not sure, please fill it in.
- 5) If your child is less than 16 years of age, you must accompany your child to or from the set or location and must be accessible while your child is on the set. If your child is 16 years of age or older, it is your right to be accessible at all times when your child is on set.
- 6) If you cannot attend, you shall appoint a chaperon for your child. It is strongly recommended that this person has your confidence to act in your child's best interests. The appointment shall be in the form of Appendix 15 and must be completed in triplicate: one copy to be delivered to the Producer, one to ACTRA and one for you to keep.

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(print or type Minor's Name)

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)

Consent of Chaperon

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)

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)