

TO:

AACTION Casting
190 Britannia Rd East, Unit# 9
Mississauga Ontario
L4Z 1W6
Canada

I understand that government and industry standards for Web sites require that I provide to the owner/operator of the Web site an informed consent, on behalf of my child or the child for whom I act as legal guardian, before you may collect any personally-identifiable information from the child, which information may include but not be limited to his or her name, mailing address, e-mail address, telephone number, nickname, or Internet name.

Child May Not Proceed Without Parental Guidance

I understand that my child may not use the site or proceed into certain areas of your Internet site without my Parental Guidance (at all times).

Grant of Consent

I understand that this Parental Consent Form was obtained by printing the form from aactionauditions.com and that my child may have secured it on my behalf, but that **the signature below is my own true and accurate signature** as my child's parent of legal guardian. **I hereby grant my consent to the collection and transfer of any of my child's personally-identifiable information which he or she may provide to you, and I hereby confirm to you that I am at least 18 years of age.**

Revocation of Consent Permitted at Any Time

I understand that I may revoke this Parental Consent at any time by providing written notice of revocation of parental consent to aactionauditions.com at the address listed above. All information concerning you and the child provided on the attached form is supplied only for purposes of verification of this form and aactionauditions.com will make no use of it for any other purpose.

I understand that aactionauditions.com also reserves the right to revoke the child's account at any time for any improper use of information and/or abuse of the terms and conditions contained in the terms of service form.

Liability

I understand that I am responsible for my child with respect to responding to any user who posts breakdowns on the aactionauditions.com Web site and that AACTION can in no way be held responsible for said information or how it is used by your child and/or by those who post said information.

I acknowledge that I have read the terms of service and privacy policy contained on this Web site and agree to all terms and conditions contained within.

"Parent or Legal Guardian"

PRINT YOUR FIRST AND LAST NAME: _____

SIGNATURE: _____

DATE: _____

Please return both pages of this Parental Consent Form promptly by email or fax to: EML: admin@aactionauditions.com FAX: 905-624-0805

PARENT INFORMATION -ALL INFORMATION IS REQUIRED

PLEASE PRINT

STAGE NAME OF CHILD _____

AACTION ID # _____

PARENT INFORMATION

MO DAD
M

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

SUITE / FLOOR #: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

TELEPHONE #: _____

EMAIL: _____

I am over the age of 18 Yes No

"Parent or Legal Guardian" PRINT YOUR FIRST AND LAST NAME:

_____ SIGNATURE:

_____ DATE:

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EML: admin@aactionauditions.com **FAX:** 905-624-0805