

**Riot Act, Inc.**

P.O. Box 6735, Jackson, WY 83002  
riotactinc@earthlink.com www.riotact.org  
307-203-9067

**REGISTRATION FORM**

**Stage Combat Class with Michael J Johnson**

Sat. Jan. 13, Tuition \$50 per person

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian(18 & under only) \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Does the participant have any allergies, medical issues or anything else we should know about?  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Release

By signing this form I hereby assume full responsibility for my child's participation in this program and I release all members of Riot Act, Inc.'s staff, Board of Directors and volunteers from any liability for personal injury or property damage sustained while participating in a Riot Act program.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Photo Release

I grant permission for photographs taken in Riot Act, Inc. classes to be used by Riot Act for promotional purposes. I understand that no personal information will be associated with any photographs without my consent and that no compensation is offered. I also understand that all photographs taken by Riot Act are the property of Riot Act.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_