

## Let it Snow - 2009, London

### Participant's Details

<b>First Name</b>		<b>Male/Female</b>	
<b>Last Name</b>		<b>Date of Birth</b>	
<b>Address</b>	<b>Postcode:</b>	<b>Telephone</b>	
		<b>Mobile</b>	
		<b>Email</b>	
<b>Name of 2009 Show</b>		<b>Age on 21<sup>st</sup> December</b>	

If you are unable to accept your place please tell us why in the box below. Otherwise complete the rest of the form.

I'm sorry I can't take part in the project. This is because
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### Acceptance

I hereby accept the place on the project that has been offered to me/my son/daughter\* and accept the terms and conditions detailed on this form.

#### I hereby declare that:

**Terms and Conditions:** Before signing this form I have read and understood and agree to the Terms and Conditions (T&Cs).

**Documents:** I confirm that before signing this form I have read all of the documents referred to in the T&Cs.

**Disabilities:** I have provided details of any disability that will affect my son's/daughter's\* participation in the Project, including any special access requirements.

**Photo & Film Release:** YMT projects are photographed and filmed for archival and marketing purposes, and a DVD of most productions is distributed to participants. Images may appear on film, in print and online in perpetuity. I confirm that I give permission for myself/my son/daughter\* to be filmed or photographed for these purposes and for these images to be stored and duplicated without further permission being sought.

**Medical Matters:** I have disclosed in confidence all relevant information about any medical condition, health problem, or allergy which affects me/my son/daughter/\*.

\*delete as appropriate

**Please complete the following details. If you are under 18, please ask a parent/carer to complete it on your behalf.**

<b>Signature</b>		<b>Full Name</b>	
<b>DATA PROTECTION ACT (1998)</b> The information you supply on this and future documentation (and any photography or video created as described above) will be stored electronically and/or on paper by YMT and will be used for future correspondence about your project. Details will NOT be passed onto third parties. If you prefer that we do not keep in touch with you about future YMT projects, please tick here ____	<b>Date of Birth</b>		
	<b>Telephone</b>		
	<b>Mobile</b>		
	<b>Email</b>		
	<b>Date</b>		