

Actor's Performance Consent Form

INTIMACY AND NUDITY CONSENT FORM FOR PRODUCTION

I, (*actor's name*) _____ willingly consent to performing the following self-description of staged intimacy choreography, and/or nudity in the production of, (*name of production*) _____ at the _____ (*insert name of Institution*), on the following dates _____.

(In the following blank area please describe the staging you are willingly consenting to perform in your own words.)

Actor Name:

Actor Signature:

Date:

PSM Name:

PSM Signature:

Date:

Director Name:

Director Signature:

Date: