

INTIMACY & NUDITY ACTOR CONSENT FORM

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 (name of theatre, organization, or institution)

_____, on the following dates: _____.

I understand that any deviations from this choreography must first be discussed with my scene partner(s) and the stage manager. Deviating from choreography without consent may result in warnings, fines, loss of pay, termination from the project, and/or any other consequences set forth by the above named institution.

(In the following blank area, use your own words to describe the staging you are willingly consenting to perform. Continue on the back if necessary.)

Actor Name:	Stage Manager Name:	Director Name:
Actor Signature:	Stage Manager Signature:	Director Signature:
Date:	Date:	Date:

Please keep a copy of this form on record.