



Dear Parent or Legal Guardian:

Certain features of the SAG-AFTRA web site require the collection, use and disclosure of personally identifiable information. An example is our iActor feature, an on line casting site which permits our members to post their resumes which will be searchable by casting directors, directors and others seeking to hire talent.

As you may be aware, state and federal law require SAG-AFTRA to implement certain protections prior to granting children access to interactive functions of the SAG-AFTRA website. As part of those protections, we are required to obtain "verifiable parental consent" to the child's use of the website. In accordance with those protections, SAG-AFTRA policy is to lock children under the age of 13 out of the portions of our Site that permit the collection or submission of personally identifiable data until we receive your written consent. If your child is 13 or over but under 18 years of age, our policy is to provide him or her with provisional access for thirty (30) days at which time access will be suspended until such time as your child provides us with your written consent.

Accordingly, read the parental consent form for the full children's privacy policy, general privacy policy and terms of use for the Site. Please read these documents and determine if you will provide your consent to your child's participation in the Site. If you have any questions, you may contact our WebHelp department at (323) 549-6789.

SAG-AFTRA also encourages parents and legal guardians to review the information on The Site under the "Resources" link especially that related to "Young Performers" and to contact SAG-AFTRA if you have any concerns.

Kindly complete, sign and date the parental consent form in the space provided and then either mail or fax it back to the SAG-AFTRA at the address or fax number provided. Please also include a copy of your current valid driver's license.

After SAG-AFTRA receives your letter, a SAG-AFTRA representative may call you to confirm your identity and status as the parent or legal guardian of the indicated child and that you signed the letter.

Thank you for your cooperation.

In unity,

SAG-AFTRA

**CONSENT OF PARENT OR LEGAL GUARDIAN**

I have read and understand the SAG-AFTRA CHILDREN'S PRIVACY POLICY IN REGARD TO CHILDREN UNDER THE AGE OF 13. I have read and understand the SAG-AFTRA TERMS OF USE and SAGAFTRA.ORG PRIVACY POLICY for its Internet sites.

I hereby certify as follows:

1 Please check one:

- My child is under 13 years of age
- My child is 13 years of age or older but under 18 years of age
- I am an emancipated minor at least 13 years of age

2 I am the parent or legal guardian of \_\_\_\_\_ . (insert your child's legal name)

Child's membership number \_\_\_\_\_

Child's birthdate: \_\_\_\_\_

-or-

I am an emancipated minor and my legal name is \_\_\_\_\_.

My membership number \_\_\_\_\_

My birthdate: \_\_\_\_\_

To avoid delays in processing, this form should be completed by the parent or guardian who was identified during the child's membership application process.

3. If you are a parent or guardian, please initial each item below to indicate your consent:

\_\_\_\_\_ I hereby consent to the collection and use of my child's personal information as indicated in the Guild's children's privacy policy, general privacy policy and terms of use (collectively, the "Terms"). I agree, on behalf of myself personally and my child, to be bound by Terms. I consent to my child's participation in the Guild's internet site and in the iActor online casting section of the site.

\_\_\_\_\_ I hereby consent to communicate electronically with SAG-AFTRA (via email) and for my child to communicate electronically with SAG-AFTRA without further consent from me.

\_\_\_\_\_ I represent and warrant to SAG-AFTRA that I have the authority to provide the agreements and confirmations granted in this document and SAG-AFTRA can rely on my consent without having to seek the consent of any third party.

Please note that you must agree to all items above for your child to have access to SAG-AFTRA's internet site and iActor online casting section of the site.

PLEASE PROVIDE A COPY OF YOUR CURRENT VALID DRIVERS LICENSE

4. If you are an emancipated minor, please initial each item below to indicate your consent:

\_\_\_\_\_ I hereby consent to the collection and use of my personal information as indicated in SAG-AFTRA's children's privacy policy, general privacy policy and terms of use (collectively, the "Terms"). I

agree to be bound by Terms. I consent to participate in SAG-AFTRA's internet site and in the iActor online casting section of the site.

\_\_\_\_\_ I hereby consent to communicate electronically with SAG-AFTRA (via email).

Please note that you must agree to all items above to have access to SAG-AFTRA's internet site and iActor online casting section of the site.

PLEASE PROVIDE WRITTEN EVIDENCE OF YOUR STATUS AS AN EMANCIPATED MINOR  
SAG-AFTRA reserves the right to examine such evidence and request further information from you as a condition to your access to the iActor online casting section of the site.

5. Contact Information:

Your name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number \_\_\_\_\_

Email address: \_\_\_\_\_

Please initial indicate whether the contact point is one of the following:

\_\_\_\_ personal email      \_\_\_\_ work email

Please initial here to confirm the email address is within your control and inaccessible to your child: \_\_\_\_\_

6 Please return a fully completed, signed copy of this document along with a copy of your driver's license or, if you are an emancipated minor, a copy of evidence of your status, by fax to: (323) 549-6792 or by mail to: SAG-AFTRA, 5757 Wilshire Blvd. 7th floor, Los Angeles, CA 90036, ATTN: Data Processing Dept.

SAG-AFTRA may follow up with you in person to confirm certain matters and therefore please provide us with the best telephone number and email address to contact you.

AGREED:

\_\_\_\_\_ DATED: \_\_\_\_\_

[SIGN HERE]

\_\_\_\_\_ [PRINT YOUR NAME HERE]

For internal use only:

Staff Name: \_\_\_\_\_

Type of identification \_\_\_\_\_ ID Number: \_\_\_\_\_

ID Verified: \_\_\_\_\_