

Theatrical Waiver Request

Submit to: Louisiana Workforce Commission Labor Programs Section Email to <u>laborprograms@lwc.la.gov</u> Or Fax to 225-342-2717

Please Type All Information Except Signature

From: (Production Company Authorized Agent)	(Title)	
(Signature)	(Date)	
Production Company:		
Address:		
City, State, Zip Code:		
Production Company Telephone: (Local)	(Home office)	
Name of Production: (stage, film, etc.)		
Locations, Dates & Times of Performance(s):		
Locations (building, address, city)	Dates & Times	

NOTE: PARENTS/GUARDIAN CONSENT STATEMENT MUST BE SUBMITTED WITH THIS REQUEST



PARENTS/GUARDIAN CONSENT STATEMENT

I, (Parent/Guardian)	hereby give consent f	or (Child(s) Name)	to be
photographed or Appear in		being filmed/produ	uced by
At the following addresses:	on the dates		
By signing this document, the I		enting Parent/Guardia	also gives permission
or his/her child, (Child(s) the above shooting dates.	, to re	emain on set until	on
Signature of parent/ guard	ian Date		

Note: Attach copy of document used as proof of age