

 LOUISIANA
WORKFORCE
COMMISSION Theatrical Waiver Request

Submit to: Louisiana Workforce Commission
Labor Programs Section
Email to laborprograms@lwc.la.gov

Please Type All Information Except Signature

From:
(Production Company Authorized Agent) (Title)

(Signature) (Date)

Name of Production: (stage, film, etc.)

Production Company:

Address:

City, State, Zip Code:

Production Company Telephone:
(Local) (Home office)

Locations, Dates & Times of Performance(s):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Locations (building, address, city)

Dates & Times

Provide the business reasons for this request:

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



Theatrical Waiver Request

PARENTS/GUARDIAN CONSENT STATEMENT

I, hereby give consent for to be
(Parent/Guardian) **(Child(s) Name)**

photographed or Appear in being filmed/produced by

on the dates

At the following addresses:

By signing this document, the parent/ guardian, also gives permission
(Consenting Parent/Guardian)

or his/her child, , to remain on set until on
(Child(s) Name)
the above shooting dates.

Signature of parent/ guardian

Date

Note: Attach copy of document used as proof of age

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