

EMPLOYEE EMERGENCY NOTIFICATION FORM

EMPLOYEE

Last Name	First Name	Studio
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CONTACT NUMBER 1

In the event of an emergency, I, the undersigned employee, authorize (the "Company") to notify the following person:

Name	Relationship to Employee
Address	Home Phone
City, State, Zip	Cell Phone

CONTACT NUMBER 2

In the event you are unable to notify such person, the Company's authorized to notify:

Name	Relationship to Employee
Address	Home Phone
City, State, Zip	Cell Phone

ACKNOWLEDGEMENT

I understand and agree that the Company will have no obligation or liability to notify such persons.

Print Employee Last Name	Print Employee First Name
Employee Signature	Date