

ACTRA

APPENDIX "Q" Proof of Age Affidavit

My name is *[Name]* and I hereby represent that I am an employee of *[Name of Casting Company]* _____ who has been contracted by *[Agency]* _____ to produce advertising for *[Name of Advertiser]* _____. I have been advised that in compliance with the guidelines established by the advertising industry, the persons appearing in *[Name of product]* _____ advertising must be 25 years of age or older. In my capacity as an employee of *[Name of Casting Company]* _____, I hereby certify that each signature on the performer list below and attached is that of an individual who appeared before me and represented and verified his/her age with a driver's licence or other acceptable photographic documentation/identification.

Employee Name (*please print*) Employee Signature Date

City and Province of Production Brand Production Title

PERFORMER LIST

Performer Name (*print*) Performer Signature DOB: _____ ID Type: _____

Performer Name (*print*) Performer Signature DOB: _____ ID Type: _____

Performer Name (*print*) Performer Signature DOB: _____ ID Type: _____

Performer Name (*print*) Performer Signature DOB: _____ ID Type: _____

Performer Name (*print*) Performer Signature DOB: _____ ID Type: _____

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Performer Name (*print*) Performer Signature DOB: _____ ID Type: _____

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Brand

Production Title