

Application to Attend

Please check the boxes below that apply:

☐ **Stunt Performer Course**

July 12 - July 31, 2027

Deposit: \$1000 + \$105.50 tax Due at registration

Balance: \$3900 + \$411.45 tax Due July 11

☐ **Aerial Intensive Course**

PRIOR ATTENDANCE TO THE STUNT PERFORMER COURSE (current or former session) IS REQUIRED

August 2 - August 7, 2027

Deposit: \$400 + \$420.20 tax Due at registration

Balance: \$1200 + \$126.60 tax Due July 11



Deposits and payments are refundable upon written request prior to the first day of training. However, there will be a \$75 application and administrative fee charged to each requested refund (see the school catalog for details).

Please initial your acknowledgment here: _____

Any full deposit or payment can be applied to any future training to ensure automatic enrollment at the current training fee. (Give 30 days of notice to accommodate any changes of status as they relate to the training.)

On Edge Productions, Inc. reserves the right to exclude any applicant who it feels may not meet the physical or safety demands of the training session. Also, On Edge Productions, Inc. reserves the right to cancel any training that does not meet the minimum attendance requirements.

Each Applicant is requested to provide the following information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

City: _____ State: _____ Country: _____

Age on July 11, 2027: _____ Height: _____ Weight: _____

****Include with your application a recent full-body photo and professional resume if available.**

If you have no resume, enclose a detailed statement referencing your physical skills and aptitudes. These are for reference only and have no impact on the acceptance of your application.

BILLING INFORMATION

Credit card information below will be used for the deposit only. Payment can also be made by cashier's check or money order (made out to On Edge Productions) and mailed to: **International Stunt School, PO Box 80084, Seattle, WA 98108**

Credit Card #: _____

Expiration Date: _____ Security Code (3 or 4 digits): _____

Billing Address: _____ Zip Code: _____

City: _____ State: _____ Country: _____

The Applicant recognizes that the performing of stunts can be dangerous and accepts the inherent risks associated with stunt training. The Applicant also affirms they do not possess any mental or physical impairment that might compromise the safety of themselves or others.

I have read and understood this application form. I accept my typed name as my digital signature if used.

Signature: _____ Date: _____

Please complete this PDF or print this page and send an email with a photo or scan of your completed application, full-body photo, and resume to info@stuntschool.com. You may also mail your completed application to:

International Stunt School, PO Box 80084, Seattle, WA 98108