Smoking Agreement Form

I, _____, agree to smoke tobacco products or tobacco type products as requested by the Director and/or author during rehearsals and performances of the upcoming production of _____ being presented by the Department of Theatre and Dramatic Arts at the University of Lethbridge.

I also understand and agree that I may only smoke when rehearsing or performing the scenes in which smoking is required and that I may only smoke in the designated rehearsal and/or performance space.

I further agree that other than the aforementioned situation I will abide by the University of Lethbridge Campus Smoking Policy.

I acknowledge that I am aware of the health hazards related to the use of tobacco products and that I am willing to accept the risk involved.

Signature of Actor: _____

Date: _____

Signature of Director: _____

Date: _____