

Audition Form



GENERAL INFO: Name of Productions _____

Actor: _____ Audition song/Monologue: _____

Social Media Apps the actor uses (ie. Snapchat, Facebook, Twitter, etc): _____

If you attended the workshop, check box so we can use contact info on file. Then skip to next section

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Birthdate: _____ Age: _____

Height: _____ Sex: M F

Your Home Phone #: _____ Your Cell #: _____

Your e-mail: _____

>>>**IMPORTANT** Medical conditions, concerns, limitations or food allergies: _____

PARENT INFO: Parents Name(s): _____

Parents' Cell#: _____ Parents' e-mail(s): _____

May we use your cell phone to send text messages and/ or email regarding any rehearsal changes and/or upcoming auditions and productions? Cell Phone Email Both

Local Community Newspaper: _____

****REQUIRED**** HOW DID YOU HEAR ABOUT US? _____

Previous Acting / Dancing / Singing / Theater Experience and Formal Training –or attach resume

Date/Year	Play/Show Name	Role	Organization / School	Director

Formal Training (Voice/Acting) – Please list additional on back if you run out of space. Type/years/instructor/school

Special Talents? Ie: karate, gymnastics, juggling, instrument, magic

PLEASE LIST ALL CONFLICTS YOU HAVE BETWEEN NOW AND THE PERFORMANCE DATE

(Rehearsal schedule to be provided at auditions-List additional conflict dates on the back side-if unsure, please write TBD):

I understand if my child is a lead & misses more than one rehearsal not listed on conflicts above, or does not have their lines memorized by the "off book" date, he/she is subject to be replaced by his/her understudy without warning.

Parent Signature: _____ Date: _____

Actors Signature: _____ Date: _____

Did you sign the participation waiver & photo release????? If not, please ask for a copy.

List any parts/roles you are particularly interested in (This is very helpful!!):

If not chosen for a lead are you willing to be in the Ensemble? Yes No

Are you willing to play a male character if you are a female? Yes No

Do you have time outside of rehearsal to memorize lines if you are given a lead role? Yes No

Just a Few More Things

Would a parent or guardian be interested in volunteering for any of the following? (Please check all that apply).

Ushering Set Construction/Painting Costumes Hair/Make-up Tickets / Concessions

Have a truck and can help with load in/load out?



Waiver & Release of Liability Form



NOTE: This form must be read and signed before the participant is permitted to take part in any event sessions. By signing this agreement, the participant affirms having read it.

IN CONSIDERATION of being allowed to participate in any way in any Act One Youth Theater performance, class, or event, the undersigned, acknowledge, appreciate, and agree that:

1. I RISK BODILY INJURY, AND while particular rules of performing arts, skills, equipment, and personal discipline may reduce this risk, THIS RISK OF INJURY DOES EXIST, AS WELL AS THE RISK OF DAMAGE TO OR LOSS OF PROPERTY; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and remove myself from participation; and
4. I, FOR MYSELF, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS and PROMISE NOT TO SUE THE ACT ONE YOUTH THEATER their officers, officials, volunteers, employees, agents, and/or other participants, sponsors, advertisers, and, if applicable, the owners and lessors of premises used for the activity ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, and/or LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT, to the fullest extent permitted by law.

We, the directors, officers and volunteers of Act One Youth Theater, recognize our obligation to make sure our actors and their parents are aware of the risks and hazards involved in performing arts. By signing this waiver, you release Act One Youth Theater and all its employees and volunteers from all claims on account of any injury which may be sustained by your child while attending any rehearsal, class or event associated with Act One Youth Theater, or outside performance.

You also affirm you now have, and will continue to carry, proper primary medical, health, and hospitalization and accident insurance, which you consider adequate for the protection of both your child and Act One Youth Theater and its directors and volunteers.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Actor's Signature: _____ Printed Name: _____
Date: _____ Date of Birth: ____/____/____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releases from any and all Liability incident to my/our minor child's involvement as stated above, EVEN ARISING FROM THE NEGLIGENCE FROM OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian: _____ Printed Name: _____ Date: _____

Emergency Phone Number #1: _____ Emergency Phone Number #2: _____

CONSENT FOR EMERGENCY MEDICAL CARE

I hereby authorize Act One Youth Theater (AOYT) staff members, volunteer supervisors, or agents of AOYT to act as our agent to consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable by a licensed physician in the event of any emergency. I agree to pay all expenses so incurred. Every attempt will be made to reach the emergency contacts and/or family members listed above; however, in no event will AOYT staff members, volunteers or agents be held liable for any first aid or medical procedures performed pursuant to this consent form.

Parent/Guardian Signature: _____ Date: _____

A copy and/or scan of this document shall be considered valid as the original.

*****OVER FOR MORE





Parental/Guardian Photo Consent Form

The purpose of this parental consent form is to both inform you and to request permission for your child's photo, image, audio and video to be published on the website, programs handed out at performances, grant applications and future marketing publications including local media publications.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Only your child's first name and first initial of last name will appear below or next to photo.

Act One Youth Theater will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately and we will take the necessary steps to prohibit the use of photos.

Parent and/or guardian agree they will not receive or request compensation for the rights to these images.

PLEASE **CIRCLE** ONE OF THE FOLLOWING:

Option A. I/We do **GRANT** permission for image to be used in above mentioned circumstances.

Option B. I/We do **NOT** grant permission for image to be used for any reason.

(If neither option is selected, it is assumed that parent/guardian has granted permission)

If the parent or guardian, wishes to rescind this agreement, he/she may do so at any time in writing by sending a letter to the address below and such rescission will take effect upon date of receipt by the Theater Director.

*Act One Youth Theater / Re: Photo Consent / 20235 N Cave Creek Rd Suite 104-302, Phoenix, AZ 85024
(Mailing address only)*

Actors Name: (please print) _____

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: (sign) _____ Date: _____

Relation to Student: _____