

## AUDITION FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt:  Youth  Adult Size:  Extra Small  Small  Medium  Large

Extra Large  2X Large  3X Large



I'm auditioning for: \_\_\_\_\_

List Previous Acting/Singing/Dancing Experience:

How did you hear about auditions: \_\_\_\_\_

Do you have prior commitments that may keep you from attending rehearsals/performances?

Yes  No If so, When? \_\_\_\_\_

Would you be willing to work backstage?  Yes  No

Area of Preference:  Sets  Costumes  Make-Up  Props  Advertising  Tech

Would you accept any role?  Yes  No



Do you have any medical conditions or Allergies we should be aware? (Medications, Bee stings, ECT.)  Yes  No

If yes please explain: \_\_\_\_\_

EMERGENCY CONTACTS: Please list 2 persons to contact in case of Emergency.

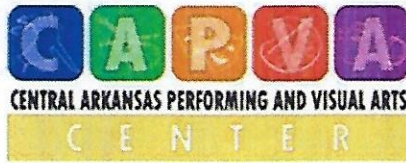
Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If under 18, name of Parent or Guardian:

Name \_\_\_\_\_ Phone \_\_\_\_\_

(Please provide additional information on reverse side.)



### PHOTO/AUDIO/VIDEO RELEASE FORM

I grant to Central Arkansas Performing and Visual Arts Center the right to take photographs of me and my family in connection with the above entitled event. I authorize Central Arkansas Performing and Visual Arts Center, its assigns and transferees to copyright, use and publish the photos of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

### WAIVER OF LIABILITY

In consideration of being allowed to participate in the Central Arkansas Performing and Visual Arts Center productions, I agree as follows:

1. I hereby release and hereby waive all claims against Central Arkansas Performing and Visual Arts Center, its officers, directors, and volunteers (hereinafter "CAPVA") I or my child(ren) or which I may have on behalf of my child(ren) which may result due to the negligent or intentional acts of anyone that may cause harm to my person, my property, my child(ren), and his/her/their property during my, his/her/their participation in the activities of CAPVA. Accordingly, I hereby agree that I will not hold CAPVA responsible for any injury to myself, my property, or, where signing on behalf of my children or as legal guardian, my child(ren) or his/her/their property that may result from my, his/her/their participation in CAPVA.

2. If, as a result of any intentional or negligent act on my own part or that of my child(ren) that causes harm to anyone's person or property, where CAPVA is held liable for damage, I agree to hold CAPVA harmless and to indemnify CAPVA for any loss, costs or damages or expenses (including reasonable attorneys' fees and disbursements) it sustains as a result of such negligence or intentional acts.

3. The word "participation" as used here means any participation in a production of the group including but not limited to the following: 1. Auditions; 2. Rehearsals; 3. Backstage assistance; 4. Technical assistance (i.e. lighting and sound); 5. Acting; 6. Ushering; 7. Clean-up; 8. Social gatherings, such as cast parties; 9. Producing; 10. Directing; 11. Stage managing; and 12. Public Relations appearance, such as parades, and performances.

4. I understand as a parent or guardian of a child or children under the age of eighteen, I am responsible for the transportation of any such child to and from participation in the activities of CAPVA.

I, the undersigned, hereby state that I have read the Waiver of Liability document, understand its terms, and in consideration of being allowed to participate or having my child(ren) or ward participate in productions of Central Arkansas Performing and Visual Arts Center, I agree to be bound by the terms contained herein. Where signing on behalf of my child(ren) or ward listed below I hereby give permission to such child(ren) or ward to participate as defined above under the terms listed herein.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature (of parent or guardian) \_\_\_\_\_

Name(s) of child(ren) Participating: \_\_\_\_\_

\_\_\_\_\_