

Millersport Community Theatre Audition Form
SHE LOVES ME

Name: _____ Birth Date: _____ Pronouns: _____

Phone: _____ Email: _____

T-Shirt Size: _____ How did you hear about this production? _____

Role(s) Interested in: _____

Are you willing to accept any role? (Answer honestly) YES _____ NO _____

Are you willing to alter hair/facial hair to fit a role? YES _____ NO _____

Can you read music? YES _____ NO _____

Voice Part: _____ Vocal Range (lowest & highest notes): _____

Dance Experience (List Type and number of years): _____

Special Tricks/Skills (i.e splits/tumbling): _____

If you are not cast, are you willing to work behind the scenes? YES _____ NO _____

Technical Interests (Check all that apply):

- Set Construction
- Scenic Painting/Set Dressing
- Props
- Costumes
- Sound
- Lights
- Orchestra - Instrument: _____
- Stage Crew

Previous Experience - Please attach a resume or briefly list theatre and dance experience below.

Please list ALL conflicts through October 1st, 2023. Tech week conflicts will not be accepted. Set build day conflicts will be accepted as long as 3 hours are logged in some capacity by each cast member, ideally plan to have that day off work.

Millersport Community Theatre

WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT, AND MEDIA RELEASE

This form must be filled out completely with current information and turned in before the participant will be allowed to audition. If some questions do not apply, please indicate with "N.A." The information protects the health and safety of the participant.

EMERGENCY CONTACTS

1. Name: _____
Relationship: _____ Phone: _____
2. Name: _____
Relationship: _____ Phone: _____
3. Name: _____
Relationship: _____ Phone: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Preferred Hospital: _____

Current Medications: _____

Existing Medical Conditions: _____

Allergies: _____

Limitations/Restrictions (Activity or Diet): _____

This individual is free of infectious disease (COVID included) and is able to participate (with limitations /restrictions listed)? _____

MEDIA RELEASE: I hereby grant Millersport Community Theatre permission to record my/my child's likeness and/or voice for use by web, social media, television, films, radio or printed media to further the aims of MCT in related campaigns and magazine articles, booklets, posters, and other ways they may see fit.

EMERGENCY CLAUSE: In the event that I cannot be reached in an emergency, I hereby give permission to Millersport Community Theatre staff members to secure proper medical care for me/my child as deemed necessary. The permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.

RELEASE CLAUSE: The undersigned hereby releases and holds harmless Millersport Community Theatre and its staff and volunteers from any and all claims, liabilities, or demands whatsoever arising out of enrollment or participation in any program by the participant herein. Including but not limited to injury, illness, or death. I understand that by signing this form I will not hold Millersport Community Theatre, its staff, or its volunteers responsible should I contract COVID-19 or any other infectious disease .

CANCELLATION CLAUSE: In the event of the show being canceled or postponed, the undersigned hereby agrees to keep all dates available through the original show dates.

Participant Printed Name: _____

Signature: _____

Parent/Guardian Printed Name (IF UNDER 18): _____

Signature: _____