

Community Players Theatre

Audition Form

Show: _____

Auditions Date(s) _____



Name: _____

Pronouns: _____

Email: _____

Phone: _____

Latest time we can call? _____

Can we contact you by text? Yes No

Mailing Address: _____

City, Zip: _____

Age: _____ Height: _____ Eye Color: _____ Hair Color: _____

Are you willing to cut/dye your hair for a role?: Yes No

Role Preference: _____ Will you accept any role? Yes No

Recent Theatrical Experience (if applicable): _____

Musical Auditions Only Audition Song: _____

Will you accept an ensemble role? Yes No Can you read music? Yes No Vocal range: _____

Do you have any dance experience? (If yes, explain.) Yes No

Rehearsals will tentatively be Monday to Friday, 6:30 pm - 9:30 pm

Rehearsal calendar will be available at auditions.

Please list ALL possible rehearsal conflicts (day and time): _____

Please Note: You are not eligible for casting if you have any conflicts for Tech Week or Performance dates

If you are not cast, would you like to work with the show in another capacity? Yes No

If so, in which area(s) would you be most interested? (Backstage, Props, Costumes, Tech, etc.)

If cast, do we have permission to distribute your name, phone & e-mail to the cast and staff? Yes No

I understand that my participation in the show is contingent upon reading, understanding, and accepting all applicable portions of the Community Players' Production Guidelines and paying \$20 membership dues*

Signature _____ Date _____

*General Information on Community Players Theatre (CPT) Policy—Auditions are open to anyone wishing to try out. If cast, membership is required to participate. Membership dues are \$20 per season. Membership grants you discounted tickets, voting rights, and other great benefits. All casting is tentative, and the Director shall have the right to exchange or substitute performers during rehearsals for such reasons as failure to appear, produce, learn lines, or be punctual. **IMPORTANT:** Please carefully read and review the **INFECTIOUS DISEASE ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE** and the **MEDIA RELEASE, WAIVER, AND DISCHARGE** overleaf.

PLEASE TURN OVER

Community Players Theatre

Audition Form (Cont.)

Waivers



INFECTIOUS DISEASE ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE

Community Players Theatre ("CPT") has put in place preventative measures recommended by the State of Illinois to reduce the spread of COVID-19 and other infectious diseases; however, CPT cannot guarantee that you or anyone else will not become exposed to or infected as a result of participating in this production, it could increase the risk of contracting COVID-19 or any other disease.

THEREFORE, in consideration of being permitted to participate in the production offered by CPT, I understand, acknowledge, and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 or other infectious diseases and have determined to participate in CPT's production with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 or other infectious diseases before, during, or after participating in the production. I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge CPT, its officials, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of CPT or its officials, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 or other infectious diseases before, during, or after participating in CPT's production. I also acknowledge that in the event the State or local health department issues a mandatory "Stay at Home" order or mandates the closure of certain programs and/or facilities, participant(s) and CPT will abide by those mandates.

I agree to comply with all mandatory periods of isolation, quarantine, or other measures at the onset of any symptoms (such as fever, vomiting, hacking cough) or after known exposure to COVID-19 or other infectious diseases as dictated by National, State, or local health departments, or as directed by the Board of Governors or authorized agents of Community Players Theatre. I agree not to enter the theater space for the duration of my illness or recommended quarantine.

MEDIA RELEASE, WAIVER, AND DISCHARGE

You hereby grant Community Players Theatre ("CPT"), or its assigned designees, consent to the use of your name, work (physical or digital), voice, likeness, and image (collectively referred to as "Materials") in any and all media, including but not limited to photographs, audio recordings, videos, and interviews, for the purpose of promoting and publicizing the CPT's activities and events.

By signing this media release waiver, you grant the CPT and its representatives the irrevocable right and permission to use, reproduce, distribute, display, transmit, and publish the Materials in any and all media formats, now known or hereafter developed, through any medium, without further compensation or notification to you.

You understand and agree that the Materials may be used in various promotional materials, including but not limited to websites, social media platforms, brochures, newsletters, advertisements, press releases, and any other marketing or promotional materials created by or on behalf of the CPT. You further acknowledge that the CPT retains all rights, title, and interest in the Materials and that this release shall be binding upon you, your heirs, legal representatives, and assigns.

You hereby release and discharge the CPT and its representatives from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, known or unknown, arising out of or in connection with the use, exploitation, or dissemination of the Materials. You certify that you are over 18 years of age, or if you are under 18 years of age, you have obtained the consent of your parent or legal guardian to execute this media release waiver on your behalf.

Your signature below indicates your understanding, acceptance, and agreement to the terms outlined herein in the **INFECTIOUS DISEASE ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER, AND DISCHARGE** and the **MEDIA RELEASE, WAIVER, AND DISCHARGE**.

Name of Participant _____

Signature of Participant (Or Parent / Legal Guardian) _____

Producer _____

Director _____

Board Member _____