

Name of Production:	

AUDITION FORM

Cast Theatrical Company, Inc. (*CAST*) is a registered 501(3)(c), Non-Profit Community Theatre open to the general public. No dues are requested or required for participation. All participants (e.g.: volunteers, actors, assistants, managers, crew, etc.) are required to read and accept the *CAST* guidelines and rules. A hard copy of all *CAST* Rules and Guidelines are available upon request.

PLEASE PRINT:		
Name:	Phone #:	
Address:	City:	
Email:	ZIP:	
What role(s) are you auditioning for?		
Would you consider another role?Yes	_No	
If you are not selected as an actor, would you be inter	rested in assisting with the production?YesNo	
If Yes, how would you like to help?Sets	Costumes/PropsMarketingPhotography	
LightingSet PaintingFr	ont of HouseStage ManagementCrew	
Are you currently rehearsing /performing anything?	NoYes	
If yes, please note name of show and schedule:		
Are there any potential scheduling conflicts you are cu	urrently aware of? (Please see attached schedule).	
NoYes If yes, Conflict dates are: _		
How did you hear about auditioning at CAST?		
FacebookEmailCast Website	InstagramFriend Other ()	
List your theater experience within the last three years (role/tech position, show, theater)		



Alcohol and Drug Use:

I agree to abide by the CAST Alcohol and Drug use policy as follows: Within the CAST places of operation - auditoriums, workshops, offices, associated spaces and all storage facilities - the use of alcohol and recreational use of drugs are not permitted by anyone involved in the production of a play (including but not limited to: volunteers, actors, directors, managers, concession workers, housekeeping assistants or any other volunteers working at the theater), during rehearsals, before and during performances, or during set construction work, set demolition, set finishing or any other set related activities.

Talent Release

I authorize *CAST* to make use of my appearance in this production. I understand that I am to receive no compensation for this appearance. CAST shall have complete ownership of the production. I give CAST the right to use my name, likeness, and any other biographical material to publicize the program and the services of the company. I understand that CAST, or their designee may:

- 1) photograph me and record my voice and likeness for the purposes of the production, whether by film, videotape, digital or any other means.
- 2) make copies of the photographs and recordings
- 3) use my name and likeness for the purposes of education, promotion or advertising of the production or for any other promotional purposes by *CAST*.

I further understand the master copies of all images remain the property of *CAST* in perpetuity and that there will be no restrictions on the number of times my name and likeness may be used.

Accidents and Injuries

CAST rehearsals and productions are executed in a manner with safety of the individual in mind. At no time is a participant required to do anything that has the risk of injury. However, all and any participation by an individual in a CAST production, rehearsal, sponsored activity or support activity is done so at the individual's own risk. Treatment of any injury that occurs during such participation is the legal responsibility of the individual. CAST considers acknowledgement of these policies as a binding of agreement.

Do you have any health issues that we need to be aware of	such as epilepsy, asthma, etc.?YesNo
If yes, please explain:	
In case of emergency, who should we contact?	Phone:
I acknowledge all policies of the theater as noted above and theater if cast.	d will comply with them and other guidelines of the
(Signature)	 (Date)
If under the age of 18 please have parent complete the follo	wing:
Signature of Parent orLegal Guardian:	
Printed Name:	Phone #: