



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.? Yes No

If yes, please explain: _____

In case of emergency, who should we contact? _____ Phone: _____

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I acknowledge all policies of the theater as noted above and will comply with them and other guidelines of the theater if cast.

(Signature)

(Date)

If under the age of 18 please have parent complete the following:

Signature of Parent or Legal Guardian: _____

Printed Name: _____ Phone #: _____