



Cast Theatrical Company, Inc.

www.CastTheatrical.com T: 832-889 3808 E: CastTheatricalCompany@gmail.com

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: _____ Address: _____
Contact Phone #: _____ City: _____
eMail Address: _____ ZIP: _____

List on page 2 your acting and/or theatre experience within the past three years (omit if resume attached).

Please state any health issue that we need to be aware of, such as: diabetes, allergies, epilepsy, etc.

Production: _____

Are you available for all Performance Dates? _____ **Yes No**
[circle your answer]

Rehearsal times and dates are at the discretion of the Director.

If you are not selected as an actor, would you be interested in assisting with the production? **Yes No**
[circle your answer]

Alcohol and Drug Use:

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: Workers, Actors, Actresses, Stage Director, Assistant Director, Stage Manager, Props Manager, Concessions, Housekeeping Assistants and/or other Volunteers working at the theater), including during rehearsals and before and during performances, or:
- anyone during any set construction work; during set demolition, set finishing or any other set related activities.

Talent Release:

I authorize CAST to make use of my appearance in the aforementioned production as follows.

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:

- photograph me and record my voice and likeness for the purposes of the production, whether by film, videotape, digital or any other means.
- make copies of the photographs and recordings
- 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



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AUDITION FORM (continued)

Accidents and Injuries:

CAST rehearsals 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.

Acknowledgement: Sign in full: _____ Date: _____

If under the age of 18: Signature of Parent or Legal Guardian: _____

Please print name and contact phone number: _____

Acting experience within the past three years (omit if resume attached).

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Other Theatre related experience within the past three years (omit if resume attached).

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