

Form Number: _____ Today's Date: _____

Show: _____



Audition Form

Name: _____

Address: _____

City & State: _____

Home Phone: _____

Other Phone: _____

Email : _____

Employer: _____

Age: _____ Sex: M F

Height: _____

Weight: _____

Hair: _____

Eyes: _____

Vocal Range (if applicable): _____

Formal Training: _____

Experience: _____

Please list all possible conflicts with performance and rehearsal schedules: _____

What role are you auditioning for? : _____

Will you accept any role? : _____

How did you hear about this audition?: _____

Please list your hometown newspaper: _____

I Have read the waiver on the reverse side of this form and understand my signature below is required for me (or my child under 18) to participate in any of The Summer Place, Inc. productions:

X _____

Summer Place, Inc. Program Waiver and Release of all claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against Summer Place, Inc. and its officers, agents, servants and employees.

I do hereby fully release and discharge Summer Place, Inc. and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Summer Place, Inc. and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

I do hereby fully release and discharge the rights to use and publish names or photographs of me or my minor child for purposes of publicity or archiving related to or associated with this production in any form including, but not limited to, print and electronic media.

I further agree to due diligence and care, and to abide by the decisions of the Summer Place representatives, namely Costumer, Property Master, Managers, and Directors, regarding costume, makeup, properties, or other items directly related to the production of the show in which I or my minor child is participating.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

Please sign on the reverse side.