

Signature of Participant or Guardian

Date:	

Audition Form

Name:		
Street Address:		
City:		
Email Address:		
Preferred Phone:	_ Age:	Height:
Role you are auditioning for:		
Would you be willing to accept another role?	Yes No	
List your Experience (use the back if needed)		
Would you be interested in working on the p	roduction in a	another capacity? Check any:
Assistant Director Lights/Sound Stage	e Crew Pro	ops Costumes/makeup
List any scheduling conflicts you are aware of	f (use the bac	k if needed)
Hold Harmless: I, (Print Name of Participant or Guardian) Theatre, do hereby agree to indemnify and hold harmless Church (SUMC), their Officers, Directors and Volunteers (demands, losses, damages, liabilities, costs, and expense damage is caused by the sole negligence of Indemnitees) Theatre activities, including but not limited to attendance, construction or striking, scenery and prop activities, and a	hereafter "Indemes, including lega arising out of or rehearsals, theat	nitees") from and against any and all claims, I fees (except to the extent such loss or by reason of my participation in Spotlight er performances, productions thereof, set