THE STUDIOS PERFORMING ARTS

AUDITION FORM

Audition #

Name: _____ Audition Date: _____

Address: _____ Vocal Range (If applicable): _____

City & State: _____ Age (must be 13 by Audition): _____

Primary Phone: _____

If Minor, Parent/Guardian Name: _____ P/G Phone: _____

Email: _____

What role(s) are you auditioning for? _____

Will you accept other roles? ☐ NONE ☐ ANY (including ensemble) ☐ SOME: _____

Formal Training: _____

Experience: _____

Special Skills: _____

Dance Training/Exp: _____

Partner Dance Trn/Exp: _____ Interest in Partner Lifts/Tricks? ☐ Yes ☐ No

Special Dance/Movement Skills (e.g. splits, cartwheel, etc.) _____

How did you hear about this audition? _____

If not cast in the show, would you be interested in volunteering? *(Ushering, building, painting, costumes, props...)* ☐ Yes ☐ No

How would you like to help? _____

Have you participated in any previous TSPA productions? ☐ Yes ☐ No

If yes, list the most recent production and role/position: _____

Please understand that there will be a participation fee of $50 per cast member due at the first rehearsal.

Please understand that all staff, cast, crew, and volunteers must adhere to and accept The Studios Performing Arts' Code of Conduct, Policies and Procedures, and Waiver and Release of Liability. Refusal to do so forfeits your involvement with the organization. All three documents will be posted at auditions and are available at www.thestudiosperformingarts.com.

Auditionee Signature *(or Parent/Guardian if under 18)* _____

Wonderland Conflict Sheet

Please circle dates you WILL NOT be available

August

Sunday, August 9th 1:00 PM to 5:00 PM

Tuesday, August 11th 6:00 PM to 9:30 PM

Thursday, August 13th 6:00 PM to 9:30 PM

Sunday, August 16th 1:00 PM to 5:00 PM

Tuesday, August 18th 6:00 PM to 9:30 PM

Thursday, August 20th 6:00 PM to 9:30 PM

Sunday, August 23rd 1:00 PM to 5:00 PM

Tuesday, August 25th 6:00 PM to 9:30 PM

Thursday, August 26th 6:00 PM to 9:30 PM

Sunday, August 30th 1:00 PM to 5:00 PM

September

Tuesday, September 1st 6:00 PM to 9:30 PM

Thursday, September 3rd 6:00 PM to 9:30 PM

Sunday, September 6th 1:00 PM to 5:00 PM

Tuesday, September 8th 6:00 PM to 9:30 PM

Thursday, September 10th 6:00 PM to 9:30 PM

Sunday, September 13th 1:00 PM to 5:00 PM

Monday, September 14th 5:00 PM to 10:30 PM

Tuesday, September 15th 5:00 PM to 10:30 PM

Wednesday, September 16th 5:00 PM to 10:30 PM

Thursday, September 17th 5:00 PM to 10:30 PM

Friday, September 18th Performance Call 5:00 PM

Saturday, September 19th Performance Call 5:00 PM

Sunday, September 20th Performance Call 12:00 PM

Mandatory Strike After

Note that all dates highlighted in yellow are mandatory for all cast members.

Total Number of Absences: _____ Signature: _____

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CODE OF CONDUCT

The Studios Performing Arts & The Show Choir Studios are committed to conducting their programs in a safe and professional manner. Staff, instructors, participants, and volunteers are expected to exhibit appropriate behavior at all times and follow the below guidelines. The Studios Performing Arts Director reserves the right to dismiss or suspend anyone involved from any program without refund if their behavior or language is deemed inappropriate.

Those involved shall:

1. Show respect for all staff, participants, volunteers, equipment, supplies, and facilities
2. Refrain from using abusive or foul language
3. Follow directions given by staff and instructors at all times

Those involved shall not:

1. Strike, injure, threaten, harass, or intimidate staff, instructors, participants, or volunteers
2. Damage, threaten to damage, or deface equipment, facilities, or property
3. Smoke or use tobacco products during rehearsal/performance time or on their premises
4. Consume, process, distribute, or be under the influence of alcohol, or both legal and illegal drugs
5. Impede, delay, disrupt, or interfere with any The Show Choir Studios activity
6. Possess a weapon, any object that can reasonably be considered a weapon or looks like a weapon, or any dangerous device unless it is a performance prop and the user has been directed to use in a specific manner

Name of Participant: _____ Date: _____

Signature of Participant: _____

Signature of Parent/Guardian (if participant is under 18): _____

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WAIVER AND RELEASE OF LIABILITY

The Studios Performing Arts & The Show Choir Studios strive to reduce risks and insists that all staff, instructors, participants and volunteers follow rules that are designed to protect their safety. However, staff, instructors, participants, volunteers, and parents/guardians should recognize that there is always some risk in performing arts participation. Staff, instructors, participants, volunteers, and parents/guardians are responsible for determining if you or your child is physically fit and/or skilled for the program's activities.

Warning of Risk

Understandably, not all hazards and dangers can be foreseen. Staff, instructors, participants, volunteers and parents/guardians should understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, and all other circumstances inherent to program participation exist. In this regard, it must be recognized that it is impossible for The Show Choir Studios to guarantee absolute safety.

Waiver & Release of All Claims & Assumption of Risk

Please read this form carefully and understand that in consideration of being allowed to participate in or volunteer for these programs, you will be expressly assuming the risk and legal liability, and waiving and releasing all claims for injuries, damages, or loss, which you or your minor child might sustain as a result of participating in or volunteering for any and all activities connected with and associated with The Studios Performing Arts & The Show Choir Studios.

I recognize and acknowledge that there are certain risks or physical injury to participants and volunteers in this program/activity/production, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or I may have as a result of participating in our volunteering for The Studios Performing Arts & The Show Choir Studios.

I have read the entire statement and agree to waive and relinquish all claims my minor child or I may have as a result of participating in or volunteering for any and all programs against The Studios Performing Arts & The Show Choir Studios, including its officials, staff, instructors and volunteers. I do hereby fully release and forever discharge The Studios Performing Arts & The Show Choir Studios from any and all claims for injuries, damages, loss, or negligence that my minor child or I may have or which may accrue to my minor child or I arising out of, connected with, or in any way associated with the program to the fullest extent permitted by law.

Name of Participant: _____ Date: _____

Signature of Participant: _____

Signature of Parent/Guardian (if participant is under 18): _____

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PHOTO / VIDEO RELEASE

I hereby authorize The Studios Performing Arts & The Show Choir Studios to publish photographs and videos taken of myself or my performer for use in The Studios Performing Arts & The Show Choir Studios print, online and video-based marketing materials, as well as other company publications.

I hereby release and hold harmless The Studios Performing Arts & The Show Choir Studios from any reasonable expectation of privacy or confidentiality associated with the images/videos specified above.

I further acknowledge that the participation is voluntary and that one will not receive financial compensation of any type associated with the taking or publication of these photographs, videos or company marketing materials. I acknowledge and agree that publication of said photos, videos or company marketing materials confers no rights of ownership or royalties whatsoever.

I hereby release The Studios Performing Arts & The Show Choir Studios and its employees from liability for any claims by myself, my performer, or any third party in connection with myself or my performer's participation.

____ Check here *if you agree* to the terms of participation in any print, online and video-based marketing materials or other company publications.

OR

____ Check here *if you wish to opt out* of participation in any print, online and video-based marketing materials or other company publications.

Name of Participant: _____ Date: _____

Signature of Participant: _____

Signature of Parent/Guardian (if participant is under 18): _____