

'night, Mother

CONTACT & BIO INFOR	RMATION (PLEASE PRINT	CLEARLY!!)				
Name			Age		Gender ID (optional)	
Street			Height		Vocal Range	
City, State, Zip			(Please	For Costuming I enter all that apply an		't iudae l
Preferred Phone				's Shirt Size Woman's Shirt Size		
Email			Man's I	Pant Size	Woman's Pant Size	
Emergency Contact Name			Man's J	Jacket Size	Woman's Dress Size	
Emergency Contact Phone			Man's S	Shoe Size	Woman's Shoe Si	ze
		eacebook MESSENGER as ess. (FYI: It is NOT nece	essary to have a Face			enger,
☐ Resume Att	tached (please check if ap	oplicable) (IF resume is a		skip to "Show	/ Details" belo	ow)
	-	est examples of your work		_		,
SHOW		ROLE		WHERE WHEN		
• Special Talents (e	examples: juggling; play a	n instrument; magic; gym	nastics)			
		SHOW DETAILS				_
Role Desired Will you ad			Will you accept and	other role?	YES 🗖 NO	
Any role you do NOT v	want?		Will you accept ens	emble/chorus?	YES NO	
If not cast, may we as	k you to be involved in a	ny of the following areas?	(please check all th	nat interest you)		
☐ Stage Manager ☐ Stage Crew	☐ Light Operator☐ Sound Operator	☐ Set Construction☐ Set Decorating	☐ Costumes ☐ Make-up / F		ublicity shering	
	Plea	CONFLICTS ase list ALL known AND po	tential conflicts.			
						_

Continue and sign other side

Lend Me A Theater hereby informs the Auditioner: of the nature of this event, the type of assistance needed from the participant and the expectations during participation in this event. LMAT makes every effort to provide a safe environment for performers. The show being produced may contain adult situations, adult language, physical contact between actors or other similar content. LMAT will advise auditioners of the premise of the play, but expects that the auditioner has made an effort to apprise themselves of the material they are auditioning for. Auditioners are expected to advise LMAT of any conditions or circumstances that would impede, restrict or affect their performance or comfort.

Lend Me A Theater hereby informs the Auditioner: of the interpersonal interactions and responsibilities expected of all participants. The participant is expected to conduct themselves in a respectful manner toward all others. Behaviors not tolerated include but are not limited to: Physical, sexual or emotional abuse of others; substance abuse during any show activity (rehearsal, performance, or other) or, prior to such event that results in impairment; failure to maintain reasonable personal hygiene; failure to make earnest effort to present their best performance of defined duties. Infractions may result in removal from participation.

Lend Me A Theater hereby informs the Auditioner: LMAT abides by current CDC Covid-19 recommendations. If the performance venue has stricter protocols, the venue rules prevail. * When circumstances make in-person rehearsals problematic, on-line rehearsals shall be implemented. * Cast are expected to attend all rehearsals they are called for, regardless of format. A cast member must contact LMAT in advance of any absence not previously approved. Excessive unplanned absences may result in removal from participation.

I acknowledge, understand and accept the conditions above:

ignature	e ·	Date	
_			

- I, the undersigned Participant (or Parent/Legal Guardian of Participant if Participant is under age 18 / hereafter referred to using "I", "me", or "my") release and agree not to sue Lend Me A Theater (hereafter referred to as LMAT) or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Participant Activities wherever, whenever, or however they same may occur. I agree to indemnify and hold harmless LMAT for all claims arising out of my participation in the Participant Activities.
- I understand and agree that LMAT is not responsible for any injury or property damage arising out of the Participant Activities, even if caused by their
 ordinary negligence or otherwise.
- I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Participant Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.
- I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation.

PLEASE LIST HERE ANY ALLERGIES OR MEDICAL CONDITIONS LIMAT SHOULD BE AWARE OF TO MAINTAIN YOUR SAFETY

In the event of a medical emergency, **LMAT WILL CALL 911 and the Participant's emergency contact**. If upon arrival, medical services are refused by the Participant or the Participant's legal guardian or emergency contact, LMAT will not be held responsible for any resulting harm or injury.

I hereby grant to LMAT, and each of its subsidiaries, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of my name, voice, photograph and/or likeness, caricature, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Participant Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is a contract which grants certain rights to and eliminates the liability of LMAT.

For Insurance purposes ONLY: A response IS REQUIRED to participate in any LMAT activity. Have you ever been convicted of any crime or involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct? YES \(\omega\) NO \(\omega\)						
lattest that I am of legal age and am freely signing this agree Lend Me A Theater from liability.	ement. I have read this form and understand that by signing h	ere I acknowledge these terms and release				
<u>Signature</u>		Date				
This Section MUST be completed if participant is UNDER	18					
NAME						
STREET						
CITY, STATE, ZIP						
BEST PHONE #	E-MAIL					

I attest that I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing here I acknowledge these terms and release Lend Me A Theater from liability.

<u>Signature</u> Date _____