



SHOW: _____

AUDITION DATE: _____

AUDITIONER'S NAME: _____

EMAIL ADDRESS: _____ PHONE: _____

ADDRESS: _____

AGE: _____ HEIGHT: _____ PRONOUNS: _____

PLEASE INDICATE WHICH ROLES THE AUDITIONER IS COMFORTABLE PLAYING:

SHE/HER HE/HIM OTHER

WHAT AGE RANGES DO YOU FEEL YOU CAN COMFORTABLY & BELIEVABLY PLAY?

CHILD TEEN 20s 30s 40s 50s 60s+

PARENT/GUARDIAN NAME, IF UNDER 18: _____

PARENT/GUARDIAN EMAIL & PHONE, IF UNDER 18: _____

HOW DID YOU LEARN ABOUT OUR AUDITIONS? _____

WANT TO GET OUR NEWSLETTER TO HEAR ABOUT NEWS, SHOWS, & AUDITIONS? Y N

LIST UP TO 3 PREVIOUS THEATRE EXPERIENCES (SHOW TITLE, ROLE, YEAR, THEATRE NAME).

SPECIAL SKILLS OR TALENTS (DANCING, SINGING, MUSICAL INSTRUMENT, WHISTLING, STAGE FIGHTING, IMPROV, ETC.)

DO YOU HAVE ANY ONSTAGE EXPERIENCE WITH OR TRAINING IN ANY ACCENTS? _____

WOULD YOU ACCEPT ANY ROLE? IF NO, PLEASE SPECIFY WHICH ROLE(S) YOU ARE SOLELY INTERESTED IN.

IF CAST, WOULD YOU BE WILLING TO COLOR OR TEMPORARILY ALTER YOUR HAIR? Y N

DO YOU HAVE ANY SCHEDULING CONFLICTS (INCLUDING WEEKENDS) BETWEEN NOW AND OPENING NIGHT PERFORMANCE? ALL TECH WEEK REHEARSALS AND PERFORMANCES ARE MANDATORY.

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant Pumphouse Players, Inc. (the "Theatre") the irrevocable right and permission to use photographs and/or video recordings of me on Theatre and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the Theatre.

I hereby release, acquit and forever discharge the Theatre, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature of Individual Photographed/Recorded: _____

Printed Name: _____ Date: _____

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Guardian of Individual Photographed/Recorded: _____

Printed Name: _____ Date: _____