
Audition and Cast Member Agreement

IF I AM CAST, BY SIGNING THIS I AGREE TO THE FOLLOWING:

1. I will attend all rehearsals on my schedule. I will come to rehearsal on time, and I will remember to SIGN IN.
2. I will schedule doctor's appointments, family trips, etc. around the published rehearsal schedule. If I know I will miss a rehearsal I will clear it with the PRODUCTION SECRETARY seven (7) days in advance.
3. If I miss one unexcused rehearsal I will be placed on probation. THREE UNEXCUSED ABSENCES may result in REPLACEMENT or FORFEITURE of FUTURE PARTICIPATION.
4. I will prepare for rehearsals by learning all my lines, songs, dancing and blocking as soon as directed and practice them at home.
5. I will pay attention and be responsible at rehearsals. I will take direction cooperatively.
6. I will treat all cast and crew with respect online as well as in person.
7. I acknowledge my interaction with all cast or crew may and will affect my participation and being cast in this and all future productions.
8. I will wear appropriate footwear and clothing to rehearsals.
9. I will treat my script and music with care, writing only in pencil and will return all borrowed material to the queen creek performing arts center. I will be charged for losing scripts or music.
10. I will act appropriately backstage, listening to stage crew and wranglers.
11. I will arrange for transportation to and from all rehearsals and performances. I will come to rehearsal prepared with needed materials (scripts, pencils, water, a lunch, etc.)
12. I may not miss ANY rehearsals the final two weeks before opening night. I may not miss a performance for any reason.
13. If there are any problems, I or my parent/guardian will contact the Production Assistant first. If the director or others need to be involved, the P.A. will contact them.
14. I hereby waive release and forever discharge (on my own behalf and on behalf of my heirs and personal representatives) any and all rights of claims I may now or hereafter have against the Queen Creek Cultural Foundation, Queen Creek Performing Arts Center.
15. I consent to all emergency medical treatment as may be deemed appropriate under existing circumstances by medical personnel as necessary.

SIGNATURE _____ DATE _____

PRINTED NAME _____ DATE: _____

PARENT/GUARDIAN _____ DATE: _____

Queen Creek Community Theatre

Any reference to the Queen Creek Performing Arts Center includes the Queen Creek Cultural Foundation, production staff and volunteers.
