

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 NOT come to rehearsal if I am sick. I will inform the stage manager of any illness as soon as possible.
3. 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 MANAGER seven (7) days in advance.
4. If I miss one unexcused rehearsal I will be placed on probation. TWO UNEXCUSED ABSENCES may result in REPLACEMENT or FORFEITURE of FUTURE PARTICIPATION.
5. I will prepare for rehearsals by learning all my lines, songs, dancing and blocking as soon as directed and practice them at home.
6. I will pay attention and be responsible at rehearsals. I will take direction cooperatively.
7. I will treat all cast and crew with respect online as well as in person.
8. I acknowledge my interaction with all cast or crew may and will affect my participation and being cast in this and all future productions.
9. I will wear appropriate footwear and clothing to rehearsals.
10. 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.
11. I will pay my cast fee on time or make other arrangements with the Production Manager. I understand cast fees are non-refundable.
12. I will act appropriately backstage, listening to stage crew and wranglers.
13. 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.)
14. I may not miss ANY rehearsals the final two weeks before opening night. I may not miss a performance for any reason.
15. If there are any problems, I or my parent/guardian will contact the Production Manager first. If the director or others need to be involved, the P.M. will contact them.
16. 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.
17. I consent to all emergency medical treatment as may be deemed appropriate under existing circumstances by medical personnel, as necessary.

AUDITIONER PRINTED NAME _____ DATE: _____

PARENT/GUARDIAN _____

Queen Creek Community Theatre

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