_____ _____

Name Guardian Name (If under 18 years of age)

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. I understand if I miss even one rehearsal unexcused that it may result in REPLACEMENT or FORFIETURE of my role. It may also affect FUTURE PARTICIPATION.
5. I will prepare for rehearsals by learning all my lines, songs, choreography 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 or damaging 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 be dropped off and picked up in a timely manner.
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.
18. I grant permission for the QCPAC to use photos/and or videos taken of me at rehearsal or performances in publication, news releases, online, and in other communications related to marketing and the mission of the QCPAC.

SIGNATURE: _____

(Must be signed by a Parent/Guardian if auditioner is under 18 years of age.)

Queen Creek Community Theatre

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