**AUDITION FORM**

NAME

MAILING ADDRESS

CITY STATE ZIP

PHONE (HOME) OR (CELL)

EMAIL

MALE FEMALE

ROLE DESIRED:

|  |  |
| --- | --- |
| BRIEF LIST OF ACTING EXPERIENCE (or attach resume):  | Possible rehearsal conflicts? |

STAFF NOTES:

Would you like to receive our audition notices by email? YES\_\_\_\_\_ NO\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, please notify:

NAME:

Relationship to you: Phone #

RISK AND RELEASE

In consideration of being permitted to participate in City on a Hill productions, in full recognition and appreciation of the dangers and hazards inherent in such activities, I do hereby agree to assume all risks and responsibilities surrounding my participation in COH productions. Further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Sanctuary Ashby and all of its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of Sanctuary, its officers, agents or employees, during the period of my participation.

I give Sanctuary Ashby and City on a Hill the right to utilize as they wish; any photographs and videos taken of me for publicity purposes.

Signature Date

Signature of parent or guardian for participant under age 18:

Witness Date