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_____