



Do NOT write in this box.

## Stuart Little/Shuddersome Tales of Poe

What Show(s) are you auditioning for? ☐ Stuart Little

☐ Shuddersome Tales of Poe

\*Note you will only be cast in 1 show or the other.

Auditioner Name: \_\_\_\_\_

Male ☐

Street Address: \_\_\_\_\_

Female ☐

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Height: \_\_\_\_\_

Have you been in a Youth theatre Class/Play before? Yes ☐ No ☐ If yes, most recent class/play \_\_\_\_\_

Parent Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student E-Mail: \_\_\_\_\_

Do you Sing? \_\_\_\_\_ What is your Vocal Range? (Circle One): S A T B Not Sure

Do you Dance? \_\_\_\_\_ If Yes, in what style(s): \_\_\_\_\_

Do You Play an Instrument? ☐ Yes ☐ No If so, which one(s) (include recorder if applicable) \_\_\_\_\_

Are you interested in a specific Role, if so which role? \_\_\_\_\_

Would you accept any role offered to you? ☐ Yes ☐ No Specify: \_\_\_\_\_

Check any of the following categories you might be interested in pursuing here at the Youth theatre:

☐ Performing ☐ Stage Managing ☐ Back Stage Crew ☐ Costumes ☐ Props ☐ Set Construction/Painting

| Date | Show | Character | Where |
|------|------|-----------|-------|
|      |      |           |       |
|      |      |           |       |
|      |      |           |       |
|      |      |           |       |
|      |      |           |       |

We strongly recommend that you have NO conflicts, as they will affect your chances of being cast. **Please list ALL conflicts in the rehearsal schedule below. Do NOT list as a conflict if it is something you can change or work around. Put a ✓ if you can stay the entire rehearsal, an X if you can't come at all, or write the specific times you CAN be there within the rehearsal time period.**

## Rehearsals Monday - Friday, 4:30-6:30pm

1st Week Online | Rest In-Person

STUART LITTLE

|               |               |               |               |
|---------------|---------------|---------------|---------------|
| Sep 8: _____  | Sep 14: _____ | Sep 21: _____ | Sep 28: _____ |
| Sep 9: _____  | Sep 15: _____ | Sep 22: _____ | Sep 29: _____ |
| Sep 10: _____ | Sep 16: _____ | Sep 23: _____ | Sep 30: _____ |
| Sep 11: _____ | Sep 17: _____ | Sep 24: _____ | Oct 1: _____  |
|               | Sep 18: _____ | Sep 25: _____ | Oct 2: _____  |

All Online Except Sep. 28 | 4:30-6:30pm

SHUDDERSOME TALES Of POE

|                |               |
|----------------|---------------|
| Sep. 8: _____  | Sep 24: _____ |
| Sep. 10: _____ | Sep 28: _____ |
| Sep 15: _____  |               |
| Sep 17: _____  |               |
| Sep 22: _____  |               |

Additional Comments: \_\_\_\_\_

**STUART LITTLE:**

**SHUDDERSOME TALES OF POE:**

**Tech Week: - NO CONFLICTS**

Oct. 5: \_\_\_\_\_

Oct. 6: \_\_\_\_\_

Oct. 7: \_\_\_\_\_

Oct. 8: \_\_\_\_\_

**Performances - NO CONFLICTS**

Sep. 30 - 4:30-6:30pm - Radio Recording at WBOI

**Performances - NO CONFLICTS**

Oct. 9 - Time & Location TBA

Oct. 10 - Time & Location TBA

Oct. 11 - *Time & Location TBA*

☐ \*I acknowledge due to Covid-19 policies/procedures may differ from normal operations and agree to abide by such new policies/procedures

### **WAIVER OF LIABILITY & PHOTO RELEASE FORM**

- Waiver and Release of Liability.** I acknowledge that serving as a student may involve a risk of personal injury (including fatal injuries) and property damage. I knowingly assume any and all risks associated with my student experience. I, for myself, my personal representatives and all others who might have a similar claim, hereby irrevocably and unconditionally FOREVER release, waive and discharge any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, suits, rights, demands, costs, losses, debts and expenses arising directly or indirectly from my volunteer experience (collectively, "Claims") against Organization, Arts United or any of their respective affiliates, owners, predecessors, successors, assigns, agents, directors, officers, employees and representatives (the "Released Parties"). I understand that this Section 1 applies to all Claims of any nature whatsoever, whether known or unknown, suspected or unsuspected, foreseen or unforeseen.
- Photo Release.** The Fort Wayne Youtheatre has my permission to use my or my child's photograph/video publicly for any marketing or promotional materials. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
- Hold Harmless.** I agree to DEFEND, indemnify and hold harmless any of the Released Parties from any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind (including without limitation attorneys' fees) that are incurred or suffered by any of the Released Parties (collectively, "Losses") on account of any and all third party charges, complaints, actions, suits, demands and claims (collectively, "Third-Party Claims") arising directly or indirectly from my failure to comply with the terms and conditions of this Agreement or my negligent act(s) or omission(s) or reckless or willful misconduct in connection with my volunteer services with Organization.
- Consent.** Without limiting the foregoing, (a) in the event I sustain a personal injury as a result of my services as a student to Organization, I authorize all necessary medical treatment that may be prescribed by qualified medical personnel, and I agree that I will be solely responsible for payment of all costs arising from any such injury and medical treatment; and (b) I consent to the use of my name and/or photograph or likeness by Organization without any compensation or inspection.
- General Provisions.** (a) Any proposed amendment, discharge, termination or change to this Student Release and Waiver of Liability ("Release") must be in writing and authorized by Organization in writing. (b) The waiver by Organization of a breach of any provision of this Release shall not operate or be construed as a waiver of any subsequent breach, and no waiver shall be valid unless it is in writing and is signed by the party against whom such waiver is sought. (c) I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that this Release is to be construed in accordance with the laws of the State of Indiana, and any dispute regarding the matters set forth herein shall be resolved in the federal or state courts sitting in Allen County, Indiana. (d) I expressly agree that if any provision of this Release is held invalid, that the balance of the Release shall, notwithstanding, continue in full legal force. (e) I understand that the terms and conditions of the following provisions of this Agreement will survive my completion of the volunteer experience with Organization: Sections 1, 3, 4 and 5.

**By signing below you are stating that you have read all information on this form and understand all the above statements**

**Are you 18 years old or above?** ☐ Yes ☐ No

Auditioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)