AUDITION FORM (Please print clearly)

NAME__________________________________________________________

MAILING ADDRESS______________________________________________________________________________

CITY__________________________________________ STATE_________ ZIP___________

PHONE____________ EMAIL__________________________

MALE _______ FEMALE _______ AGE______ HEIGHT______ WEIGHT______

TITLE OF SHOW_________________________________________________________________________________

Consider me for the part(s) of______________________________________________________________

If you are not cast in a principal role, will you accept a part in the chorus? YES_____ NO____

VOICE PART (for musicals only): ALTO_____ MEZZO_____ SOPRANO_____ BASS_____ BARITONE____ TENOR____

BRIEF LIST OF THEATRE EXPERIENCE (or attach resume): Possible rehearsal

conflicts?

STAFF NOTES

Do you currently 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 Theatre at the Mount 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 TAM productions. Further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Mount Wachusett Community College 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 MWCC, its officers, agents or employees, during the period of my participation.

I give Mount Wachusett Community College and Theatre at the Mount 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______________