AUDITION FORM

SHOW: _____

NAME: _____ DOB: _____
ADDRESS: _____ CITY: _____
EMAIL: _____ PHONE: _____

PREVIOUS ACTING EXPERIENCE: *(no acting experience required)*

_____

_____

(If more space is needed, use back side)

PLEASE LIST ANY DATES YOU WILL NOT BE AVAILABLE FOR REHEARSALS (Trips, Work, etc)

_____

HOW DID YOU HEAR ABOUT THE AUDITIONS? _____

CREW POSITION:
If not cast in a role, would you accept a crew position? ___Yes ___No
If yes, which crew position(s) interest you? (Please check all that apply)

☐ Stage Manager ☐ Stage Crew ☐ Props ☐ Costumes ☐ Box Office

☐ Tech Team (Sound/Lights) ☐ Set Design/Set Painting/Construction ☐ Bartender

LIABILITY RELEASE FORM

I, the undersigned, forever release, discharge and waive Theater on the Move, LLC, aka The K Palace Theater, and its' staff, officers, directors, agents and volunteers from any and all liability rising from, related to, or connected with any injury, illness, or damage for any reason, cause by or sustained in the course of any participation in auditions, rehearsals, live shows or any other activities conducted by or associated with Theater on the Move, LLC, aka The K Palace Theater.

I hereby grant permission to Theater on the Move, LLC, aka The K Palace Theater, to use my (if minor, my child's) name and image in any publicity release whether by print or electronic means for the purpose of informing the community of events, publicity or advertisements. This includes, but not limited to, newspapers, magazines, radio, television, our website and social media.

I understand that I am to receive no compensation for this production/appearance.

Name: _____ Date: _____

IF MINOR,
Minor's Name (Please Print): _____
Parent/Guardian Name (Please Print): _____
Relationship to Child: _____
Parent/Guardian Signature: _____Date: _____