

PCT Audition and Release Form

Date: _____ Production: _____

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Cell Phone: () _____ Other: () _____

Email: _____

Are you volunteering for crew? () Yes () No If yes, what position? _____

Are you auditioning for a specific role? If yes, what role? _____

Age Range? _____ --- _____

Will you accept ANY role offered to you for this production? () Yes () No

For Musical Auditions: Can you read music? () Yes () No

Vocal Range (if known) _____

Dance Classes taken and level: _____

List ALL rehearsal conflicts on back.

List performance experience on back or attach resume. (Production / Role / Where)

Theatre Use Only

Cast? Y / N Role:

Vocal Range

Dance Ability

Date Notified

Accepted: Y / N

NOTES:

See Other Side

Peninsula Community Theatre Liability/Image Release Form

I, the undersigned, forever release, discharge and waive the Peninsula Community Theatre (The Community Theatre of the Virginia Peninsula), and its staff, officers, directors, agents and volunteers from any and all liability rising from or related to, or connected with, any injury, illness, or damage for any reason, caused by, or sustained in the course of any participation in classes, performances, rehearsals, or any other activities conducted by or associated with Peninsula Community Theatre (The Community Theatre of the Virginia Peninsula).

I hereby attest that this waiver of liability is provided voluntarily upon submission of this form and shall be fully binding upon me, my heirs, next of kin, executor, administrator(s) and/or personal representative.

Further, in consideration of the Peninsula Community Theatre (The Community Theatre of the Virginia Peninsula) granting permission to participate, I hereby grant permission to use my/our child(ren)'s name and image in any publicity whether by print or electronic means (know or unknown) for the purpose of informing the community of events, publicity, advertisement, production materials, sales or distribution. This includes, but is not limited to newspapers, magazines, radio, television, the internet, social media, as well as publicity for the Peninsula Community Theatre (The Community Theatre of the Virginia Peninsula).

Name _____

Signature _____ Date _____

A participant under the age of 18 must have parental consent to participate in Peninsula Community Théâtre productions. This form must be completed, signed and returned to a member of the Peninsula Community Theatre by the first rehearsal.

Name of Child _____ Date of Birth _____

Name of Parent/Guardian(s) _____

Address: _____

Tel (day): _____ Tel (evening): _____

Mobile: _____ E-mail: _____

Does your child have any medical issues we should be made aware of (allergies, etc.)?:

Does your child need to take medication for the above medical issues while in rehearsals or performances or on an as needed basis (inhalers, epi pen, etc.)?

Peninsula Community Theatre assumes that your child knows which individuals are approved to drop them off and pick them up from rehearsal and other Peninsula Community Theatre events. In the event you have a concern, please set prior transportation arrangements with the production staff of each show.

Name _____

Signature _____ Date _____

Parent/Guardian if under 18 years old.

Effective 4/20/2024