

Volunteer/Performance Waiver and Release Forms



dramaworks &
West End Theatre

14 Crescent Street
PO Box 1686 Quincy, CA 95971
+1 530 283 1956 (Office)
westendtheatre.us | dramaworks.us
info@dramaworks.us

Volunteer Full Name:

Contact Email (required):

Phone:

Are you 18 years or older: Yes No

Parent/Legal Guardian Email:
(required if Volunteer is under age 18)

Parent/Legal Guardian Address:

Parent/Legal Guardian Phone:

■ Emergency Contact

Full Name:

Relationship to Participant:

Phone:

Check to receive the dramaworks and West End Theatre Newsletter.

■ VOLUNTEERS AND PERFORMERS MUST COMPLETE THE WAIVER
AND RELEASE FORMS.

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

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RELEASE OF LIABILITY (ADULT) PHOTO & VIDEO PERMISSION

I hereby grant the West End Theatre/dramaworks (WET) and its legal representatives' permission to photograph/video record me during any WET function. I understand that said pictures or video recordings may be used in newspaper articles for the promotion of the production, in production photographs, on a WET production video, or included on the WET website and/or social media web page.

I hereby waive any right that I have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless the West End Theater/dramaworks, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom I am acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or another medium, or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full legal age and have every right to contract for myself in the above regard. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Actor's Printed Name

Date

Actor's Signature



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HOLD HARMLESS FORM AND MEDICAL RELEASE

Name: _____ Age :(if under 18 years of age) _____

Parent/Guardian Name (if under 18 years of age) _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Production: _____

HOLD HARMLESS FORM: I/ the parent or guardian of the child named above, I hereby acknowledge that I/ the child could be injured or have an accident while participating in the production. With this understanding, I hereby have consented/or consent to allow the child to participate in the show and release dramaworks/West End Theatre, the theatre board, and all officers, instructors, directors, choreographers, coordinators, spouses, or representatives of the aforementioned entities from any liability or claims resulting from any accident occurring to the person named above. I also agree to indemnify and to hold aforementioned parties harmless from any liability and expense from any accident or injury that may occur in any manner in connection with the production.

MEDICAL RELEASE: I/ the child named above, have/has my permission to participate in the current dramaworks/West End Theatre production _____. The following information is provided so that the adult in charge may reach an emergency contact/responsible party in case of illness or accident during the rehearsal and production period.

Parent/Guardian _____ Phone: _____

Responsible Party Other than Above

Name: _____ Relationship: _____

Phone: _____

I am/my child is in good health and may participate in all activities: Yes/No (circle one)

If "No", list any exceptions: _____

I/My child has the following allergies:



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In an emergency situation, an emergency medical technician may need the following information regarding My /My child's health (i.e. allergies chronic illnesses, seizures, etc.)

Medical Insurance Carrier: _____ Policy No. _____

Date of last tetanus shot: _____

I give my permission for the adult in charge to take myself /my child to a medical facility, if necessary, in case of emergency. If none of the above can be contacted, I consent to treatment for myself /my child under the supervision of, and as deemed advisable by, a physician licensed under the Medical Practice Act. This provides authority pursuant to Section 25.B of the California Civil Code.

Signed: _____ **Date:** _____

(Signature or that of Parent or Guardian of Child 18 years or younger)



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CAST AGREEMENT

"The difference between "professional" and "amateur" theater is attitude and effort."

By accepting a role in a West End Theatre's production, you agree to the following:

1. Pay a \$25 Performance Fee - This fee helps defray the cost of costume rentals, set production and other expenses.

REHEARSAL REQUIREMENTS -

1. Refrain from using drugs and/or alcohol during rehearsals and performances.
2. Refrain from using e-cigarettes inside.
3. Arrive on time and advise the stage manager and/or director if you must be late or absent.
4. Be present for all rehearsals unless excused by the director.
5. Bring your pencils, script, rehearsal schedule, and note paper.
6. Refrain from disrupting rehearsal by using electronic devices which could result in denial of the use of such devices for all.
7. Recognize that rehearsals are closed to everyone except the cast, production team, and West End Theatre Board Members.
8. Be COMPLETELY available from the first tech-week rehearsal through the entire run of the show.
9. Use common courtesy and be respectful of all individuals involved in the production.
10. Wear appropriate rehearsal shoes. NO OPEN TOED SHOES ARE EVER ALLOWED. You will be asked to leave rehearsal if you attend without the proper shoes for safety.
11. Wear appropriate rehearsal clothing including supportive undergarments. Be mindful that you are rehearsing in a public location; adults are rehearsing beside impressionable young actors and actresses. If you are uncertain what is considered appropriate, please ask the director or a producer.
12. Tie hair back if it is long; this includes actors and actresses. Loose, sweaty hair is a health hazard.
13. Practice good hygiene in consideration of others who are rehearsing in close proximity. Good hygiene includes but is not limited to: regularly laundering rehearsal clothes, using deodorant, and wearing socks.
14. Supply your own hydration and clean up after yourself.
15. Keep all food and drinks away from dance surfaces in the theatre and rehearsal room. CLEAN UP ALL FOOD AFTER EVERY REHEARSAL!
16. There is ONE director. If you want to give directing a try, talk to one of the Board Members.

PERFORMANCE REQUIREMENTS -

1. Sign in on the call board at the theater from the date of first tech through all performances.
2. Provide dance shoes and tights (if required for performance).
3. Hang up all costumes and make certain all costume items, including wigs, are together at the close of each performance.



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4. Keep all costumes, including wigs, at the theater for the entire run of the show unless granted permission by the costumer.
5. REMAIN IN THE THEATER AT ALL TIMES WHEN YOUR MIC IS ON YOUR PERSON.
6. Allow only technical personnel to remove mics. If you remove your mic, you are fiscally responsible for damage.
7. Help strike the show after the last performance.

I have read and understand my responsibilities as a performer for the West End Theatre. I also understand that violation of these requirements MAY result in my dismissal from the production.

Sign: _____ Date: _____

Print Name: _____

Parent Printed Name (performers 17 and under) Parent Signature

Thank you and welcome from the West End Theatre Board of Directors!



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AUDITION SHEET

Name of production:

Dates and times:

Name

Address _____ City _____ Zip _____

Email Address _____

Phone (H) _____ (Cell) _____ (Work) _____

RUN/PERFORMANCES DATES: Performances are

Please write in all roles you are interested in auditioning for (include "ANY" if true):

Check All Appropriate Responses:

Male ___ Female ___ 12 and Under ___ 13-17 ___ 18-25 ___ 26-39 ___ 40 and over ___

Sizes: Pants _____ Blouse/shirt _____ Dress _____ Jacket _____ Shoe size _____ Hat _____

Stage Experience: _____

Technical Experience (i.e. sound, lighting, stage managing, back stage):



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“Whether or not I am cast, I’m also interested in...” {Please circle areas of interest}

Lights Sound Costume and/or Costume Sewing Set Creation Stage and Costume Props
Stage Hand Vocal Director Choreographer Back Stage Manager Assistant Director

Rehearsals typically take place _____ with some Saturdays and an occasional Sunday as the OPEN date approaches. Rehearsals consist of read-throughs, character development, blocking, prop incorporation, incorporation of sound effects, lighting, and music, call for lines and off book practices, among other techniques and processes, including vocal direction and choreography.

CONFLICT DATES: You will not need to be at rehearsal on certain nights, only the nights your character is scheduled to rehearse. Later in the process, rehearsal attendance will become more frequent and all cast must be present for every rehearsal. The last two weeks of rehearsals are

MANDATORY. You will be issued a rehearsal calendar. If there are any dates and/or times that you know you are unavailable, please list all conflicts below. We will work to create a schedule that accommodates your absences (if possible)

What is the best time to reach you: _____ via telephone call _____ text message _____ email _____

Comments to Director: _____

How did you hear about our auditions? _____

“I am under 18” Parent’s Signature Required for Minors _____

Print form, complete, and bring with you to auditions. Questions? Email info@dramaworks.us