

Personal Information:

Name _____ Age _____
Street Address _____
City _____ State _____ Zip _____
E-Mail Address _____
Cell Phone _____ Height _____

Previous Experience: *Please list up to five (5) examples of previous acting experience.*

Have you acted onstage with BSP before? (*circle one*) YES NO
If so, then when and in what show(s)/role(s)?

How did you hear about this audition opportunity? (*Please check all that apply.*)

- Newspaper (which? _____)
- Facebook
- Friend (who? _____)
- Other (please list) _____

For what roles would you like to be considered? _____

Will you accept a different role? (*circle one*) YES NO

If you are NOT cast in this show, then would you be interested in working on crew or/and behind the scenes? (*circle one*) YES NO

If you answered “YES” to the question above, then what roles with our production staff _

- Set Design
- Set Construction
- Set Painting
- Props
- Lights
- Sound
- Costumes
- Make-Up
- Publicity
- Box Office
- Ushering
- Stage Crew

Very Important Information:

Anyone cast in a BSP production will be required to attend three to five rehearsals per week leading up to Tech Week, and as many as seven rehearsals during Tech Week before the show opens. Weekend rehearsals may be held on Saturday mornings or Sunday afternoons/evenings, as needed.

BSP's *Five Women Wearing the Same Dress* will be performed September 16-18 and 23-25. The cast may be requested to assist with some promotional events depending upon their availability. Striking the set takes place immediately following the final matinee performance on September 25 and all members of the cast and crew are required to assist.

Your complete availability for rehearsals and performances will greatly influence the consideration of you for a role in this production. Please list ALL known conflicts:

- Other than the conflicts listed above, are you committed to being available for rehearsals and performances according to the described schedule?

YES
NO
- Do you understand that once your availability is submitted and rehearsals have been scheduled, you are expected to preserve your availability (i.e., no last-minute cancellations/changes except for unexpected emergencies or illness)?

YES
NO
- Are you committed to arriving promptly at all rehearsals and performance call times?

YES
NO

I have read the "Very Important Information" above, and I agree to the time commitment involved in accepting a role in this production.

Signature

Date

Waiver of Liability

The Black Swamp Players is a non-profit, equal opportunity, volunteer organization offering diverse opportunities of theatrical involvement ranging from set construction and properties handling to acting and a variety of technical supporting roles. These activities range from very passive to sometimes very strenuous in nature. There are no paid positions; therefore you will be responsible for your own actions. You will not be asked to engage in activities which are not advised by your doctor, providing you have notified us in advance of any such restrictions. Your volunteer participation in our activities could expose you to back stage, dressing room, prop room, and carpenter areas, on stage and light booth hazards common and inherent to such confined and crowded areas. These hazards include, but are not limited to, purposely dimmed lighting, multiple electric cords and outlets, all shapes and sizes of stage properties, darkened staircases, undersized door openings and stage entrances, and not to exclude the physical height of the unprotected stage itself.

The Black Swamp Players strives to give competent and proper supervision to all program participants. Every effort will be made to keep all facilities and equipment in a safe, workable condition with steps and hazardous areas plainly marked. Our group has had few injuries, but accidents can occur causing injuries including, but not limited to, bruises, cuts, broken bones, quadriplegia, and even death.

To avoid injuries, participants are expected to obey all posted and expressed rules and regulations as devised by the Black Swamp Players. It is also the responsibility of the participants to inform the Director of any situation that may cause injury to oneself or to others, including, but not limited to, defective equipment, hazardous conditions, not feeling well or fatigued, inability to perform, etc.

Additional responsibilities of the participants include offering specific instructions of any change in health status which may affect participation. Following the posted or expressed rules and regulations established by the Black Swamp Players are further responsibilities of the participant. If an accident should occur during participation, the Director and/or Theatre Manager should be informed; however, the injured party is responsible for all financial obligations incurred in this process including ambulance and subsequent treatment expenses.

I, as a participant in a Black Swamp Players production or activity am signing this Waiver of Liability verifying that I am 18 years old or older and have read and understand my responsibilities as a participant and agreeing to hold harmless the Black Swamp Players organization, its officers, Board Members, and production Directors.

Sign and date below:

Participant _____ Date _____

If under 18, Parent/Guardian _____

**BLACK SWAMP PLAYERS
MEDIA PERMISSION FORM**

I understand that Black Swamp Players and/or media representative s may interview, photograph, or videotape actors/actresses and other volunteers for publicity and/or promotional purposes.

I hereby consent that any information or images obtained from these activities may be reproduced by Black Swamp Players and/or the public media for use in advertising, publicity, or educational activities including but not limited to Black Swamp Players, publications, videos, website, and print, radio and/or television.

I hereby waive any claims I may have and release Black Swamp Players and its volunteers from any liability or claims arising out of such activities.

Name **(please print legibly)**

Address

City, State, Zip

Phone Number

Signature Date

If under 18, signature of Parent/Guardian Date