



SIERRA SCHOOL OF  
Performing Arts

**Audition Application – please bring this completed form to your audition.**

I am auditioning for:    Into the Woods    Peter Pan Jr.    Both shows

First Name and preferred pronoun (he, she, they)

Last Name

Address

City, ST ZIP Code

**Email Address Write clearly!** (This should be the address you want us to use for all cast communication)

**Additional Email Address** (If you have an additional email address you would like cast communications sent to.)

Cell Phone

Alternative Phone

Age

Height

Parent's/Guardian's Name (If under 18 yrs of age)

Parent Phone Number/email

**Emergency Contact and Medical Authorization**

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

**Allergies/Special Health Considerations**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature

Printed Name

**Cast Member Information**

What part(s) are you auditioning for? (Circle **all** that apply or write in specific roles)

Lead

Ensemble

Are you willing to be double cast, or if ensemble, understudy a lead?

Would you be interested in staying in the show if we extend performances into September?

Are you currently in or plan to audition for any other shows for the summer?

How did you find out about this audition?

Please list your past singing, dancing, acting or performance training and experience below or use the back - or attach a resume. Be specific. Include special skills such as gymnastics, juggling, martial arts, etc.

---

---

### Photo Release

Sierra School of Performing Arts takes pictures and video during classes, camps, rehearsals, and performances for use in but not limited to media promotions, television, newspaper, grant proposals, our website, and social media. By signing below you consent to Sierra School of Performing Arts' use of photographs, images, and videos containing your image.

---

Signature of Actor

---

Printed Name

---

Parent's/Guardian's Name (If under 18 yrs of age)

---

Printed Name

---

---

### Signatures

I have read the audition information and understand the commitment, costs, and responsibilities outlined therein.

---

Signature of Actor

---

Date

---

Parent's/Guardian's Name (If under 18 yrs of age)

---

Date

Check this box if you will be submitting a financial aid application (due May 22).

### CONFLICT DATES:

Please refer to the rehearsal/performance schedule located in the audition information packet and list the dates of any known or anticipated vacations, trips, or other commitments between May 1 and September 3. (If you are not sure, include the dates and note that they are tentative.)

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

**Sierra School of Performing Arts**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit. I certify that there are no health-related reasons or problems which preclude my participation in this activity, including having been exposed to or currently experiencing symptoms of Covid 19.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Sierra School of Performing Arts (SSPA) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that SSPA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. CHECK HERE - I DO NOT ALLOW TO BE PHOTOGRAPHED.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_

Participant's Signature	Date	Participant's Name	Age
-------------------------	------	--------------------	-----

(If under 18 years old, Parent or Guardian must also sign.) (Please print legibly.)

\_\_\_\_\_

Parent/Guardian Signature	Date	Parent/Guardian Printed Name
---------------------------	------	------------------------------