

Little Mermaid Jr Audition Application – please bring this completed form to your audition.

| First Name and preferred pron | oun (he, she, they) | Last N | lame | | | | |
|---|-------------------------------------|-------------|-----------------------------|-----------------------------|----------------|--------|--|
| | | | | | | | |
| Address | | | | City, ST ZIP Code | | | |
| Email Address Write clearly! | (This should be the address you wa | ant us to ı | use for all cast | communication) | | | |
| | | | | | | | |
| Additional Email Address (If yo | ou have an additional email address | s you wou | ıld like cast coı | mmunications 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 | | S | Secondary Emergency Contact | | | | |
| | | _ | | | | | |
| Home Phone | Cell Phone | Н | lome Phone | Cell Phone | | | |
| Allergies/Special Health Consi | iderations | | | | | | |
| | | , anesthe | esia, and othe | r medical and/or hospital p | rocedures as n | nay be | |
| 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 | | Pri | nted Name | | | | |
| | Cast M | lember | Information | | | | |
| Are you willing to be cast in the ensemble and/or understudy a lead? | | | | | | | |
| Will you be able to come to all tech rehearsals and performances the week of December 10-17? | | | | | | | |
| Are you planning to audition | for any other shows that rehear | se Septe | ember - Dece | ember? | | | |
| How did you find out about th | nis audition? | | | | | | |

| specific. Include special skills such as gymnastics, juggling, martial arts, etc. | | | | | | | |
|--|--|--|--|--|--|--|--|
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| Photo Release | | | | | | | |
| Sierra School of Performing Arts takes pictures and video during classes in but not limited to media promotions, television, newspaper, grant propagining below you consent to Sierra School of Performing Arts' use of planage. | oosals, our website, and social media. By | | | | | | |
| 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, co | osts, 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 . | | | | | | | |

Please list your past singing, dancing, acting or performance training and experience below or use the back - or attach a resume. Be

CONFLICT DATES:

Please refer to the rehearsal/performance schedule and list the dates of any known or anticipated activities, trips, or other known or anticipated conflicts on Wednesdays or weekends between August 23 and December 11, or any day between December 11 and December 17. (not including school breaks and holidays). 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 a | also sign.) (Please print legibly.) | |
| Parent/Guardian Signature | Date | Parent/Guardian Printed Name | |