

CATSKILL MOUNTAIN FOUNDATION
ORPHEUM DANCE PROGRAM



FOR OFFICE USE ONLY

AUDITIONS FOR *A MIDSUMMER NIGHT'S DREAM*
JUNE 20, 2022

**PLEASE FILL OUT THIS FORM LEGIBLY AND COMPLETELY.
THERE CANNOT BE ANY BLANK SPACES.**

Name: (First): _____ (Last): _____

Name of Parent/Guardian (if participant is under 18 years old): _____

Address: (Physical): _____

(Mailing): _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: (mark preferred number) (Mobile): _____ (Home): _____

Experience (check one): Beginner Intermediate Advanced Height: _____

*You will be contacted by phone or email after all cast members have been selected. If you are chosen to participate in *A Midsummer Night's Dream*, you will be expected to attend rehearsals each week through the performances in August. Rehearsal information will be communicated verbally and by email each week.*

Waiver and Release of Liability:

I am fully aware that participation in a ballet and theatre production involves strenuous and potentially dangerous activities that may cause bodily injury and/or property damage. In consideration of my application for and participation in this activity, I hereby waive, release and discharge from any and all liability the Catskill Mountain Foundation, Peter and Sarah Finn, and Victoria Rinaldi, and agree to indemnify and hold these parties harmless from any and all liability or claims made as a result of my participation in this activity.

In case of emergency, I authorize Catskill Mountain Foundation and/or Victoria Rinaldi to contact medical emergency personnel on my behalf. For my safety and the safety of others, I will comply with all state and local requirements regarding COVID-19 protective measures. Catskill Mountain Foundation is absolved of any and all liability for anyone infected with coronavirus.

I also agree and understand that Catskill Mountain Foundation reserves the right to film, photograph, and document my likeness, as a program participant, for inclusion in its promotional materials and publications.

Name: _____ Signature: _____

Print name of Parent/Guardian (if participant is under 18 years old): _____

Signature of Parent/Guardian: _____

Date: _____