

HARFORD DANCE THEATRE AUDITION FORM

Production Title and Year: _____ Audition # _____

Full Name: _____

Address: _____

Telephone: (home) _____ (cell) _____

Email Address: _____

(Check your email frequently in order to receive important rehearsal, performance, and safety information.)

***Please complete if under 19 years of age:**

Name of parent(s) or legal guardian(s): _____

Parent's Email Address: _____

Height _____ (This information may be needed for costuming/staging purposes.)

Maximum # of pieces that I have time to rehearse per week: _____

List rehearsal availability (Ex: all day, after 10 AM) Saturday: _____ Sunday: _____

I will be unable to attend rehearsals on the date(s) listed: _____

If further rehearsal conflicts arise, please contact HDT Company Manager sthompson@harford.edu or 443-412-2112.

PLEASE LIST CURRENT DANCE TRAINING

Studio(s)/School(s): _____

Class(es): _____ Instructor(s): _____

Class(es): _____ Instructor(s): _____

Class(es): _____ Instructor(s): _____

Class(es): _____ Instructor(s): _____

PLEASE LIST ANY FORMER DANCE TRAINING

Styles of Dance: _____ #of Years: _____

Instructor(s): _____

Dance Studio(s)/School(s): _____

Styles of Dance: _____ #of Years: _____

Instructor(s): _____

Dance Studio(s)/School(s): _____

****PLEASE READ AND SIGN REVERSE SIDE****

Photograph & Video Release 1

Harford Community College (HCC) and Harford Dance Theatre (HDT) often photograph or record auditions, rehearsals and performances. These photos and videos may be used for advertising or promotional purposes. In consideration of my audition and/or participation in an HDT production and by my signature below, I authorize HCC and HDT, and their employees and agents working on their behalf, to use my likeness in any photograph, image, video, motion picture, performance or sound recording created during my audition for or participation in any HDT production (collectively referred to herein as the "Media") for purposes related to their educational mission, including but not limited to advertising, publicizing or marketing HDT and HCC campuses, courses, productions, and programs. I understand and agree that the Media will be the property of HCC and HDT, and that HCC and/or HDT may edit, copy, exhibit, publish, disseminate or otherwise broadcast the Media in any fashion, including but not limited to on HCC's website and social media. I waive any right of privacy associated with the Media as well as the right to inspect or approve the finished product. I waive any right to royalties or other compensation arising or related to the use of Media. I hereby hold harmless and release and forever discharge HCC and HDT, and their respective trustees, employees, volunteers, agents, contractors and representatives, from all claims associated with the use of the Media as permitted by this authorization.

If this release is obtained from a person under the age of 19, then the signature of that person's parent or legal guardian is also required.

Dancer Signature

Date

Signature (Parent/Guardian if dancer is under the age of 19) Date

Waiver of Liability and Hold Harmless Agreement

In consideration of my participation or that of my child in Harford Dance Theatre (HDT), intending to be legally bound, I acknowledge that my participation or that of my child in any program offered by HDT, including but not limited to auditions, rehearsals and performances, entails certain inherent risks and dangers. I understand the risks associated with participating in a HDT program, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disability, and economic or emotional loss. I understand that such injuries and outcomes may arise from my own or others' negligence or conditions related to the HDT program or its location, facilities, equipment, or performance requirements. Nonetheless, I assume all risks, known and unknown, for myself and my child. For myself and on behalf of my child, I waive, release, and forever discharge HDT and Harford Community College (HCC), and their respective trustees, employees, volunteers, agents, and representatives, from any and all claims, suits or actions of any kind whatsoever for liabilities, damages, compensation or otherwise brought by me or anyone on my behalf, including attorneys' fees and related costs. I also voluntarily release and agree to hold harmless HDT and HCC, and their respective trustees, employee, volunteers, agents and representatives, from and against any loss, damage or injury suffered relating to my or my child's participation in any HDT program. In the event of injury, I understand that I must provide written approval from a physician before resuming participation in HDT's programs.

If this release is obtained from a person under the age of 19, then the signature of that person's parent or legal guardian is also required.

Dancer Signature

Date

Signature (Parent/Guardian if dancer is under the age of 19) Date