

Audition Form- The Selma Original



Name: _____

Address: _____

Email: _____ Future Notifications: Y / N

Best available phone #: _____ Do you receive text: Y / N

Age: _____ M / F Height: _____ Weight: _____

Grow facial hair? Y / N

If cast, are you willing to alter hairstyle and / or facial hair? Y / N _____

Desired Role? _____ Accept any role? Y / N

Special Skills :

PLEASE THOROUGHLY READ THE PRODUCTION INFORMATION PROVIDED AND LIST ANY AND ALL CONFLICTS BELOW. UNDERSTAND THAT EXCESSIVE CONFLICTS MAY PROHIBIT YOU FROM BEING CAST IN THIS PRODUCTION

Rehearsals are constructed once the shows are cast. Tech rehearsals are the week of June 24th. Performances are June 28th and 29th.

CONFLICTS:

As a condition to my participation in the above program conducted or sponsored by the City of Selma/ Selma Arts Council, I understand and agree to the following: That the City/ Arts Council, its officers, employees, and agents shall not be liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions or negligence of the City/ Arts Council, its officers, employees or agents relating to or arising from my participation in the above program. That I will defend, indemnify and hold harmless the City of Selma/ Selma Arts Council and its officers, employees and agents from and against any and all loss, liability, charges and expenses (including attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in the above program or in any way connected therewith. The City of Selma/ Selma Arts Council does not provide accident, medical, liability or any other insurance for program participants. I also understand my picture might be taken as part of the program to promote our program on flyers, brochures, City website and marketing pamphlets.

Those convicted of a felony or registered as a sex offender will not be permitted to participate or volunteer for the Selma Arts Center

_____ I verify that I have read and understand this condition to audition/volunteer.

Participant Signature _____ Date

Parent/Guardian Signature _____ Date: _____
(If under the age of 18)

Performance Background (Back Page)

Please list previous theater and dance experience (if any) starting with most recent

Year	Show	Company	Notes

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

CALLBACK: Y / N Role(s): _____
Notes: