



Do NOT write in this box.

CHECK IF YOU ARE ABLE TO ATTEND CALL-BACKS ON MONDAY, JUNE 15... YES
 NO

Auditioner Name: _____

Male Female Other/Prefer not to share Preferred pronouns: _____

Birth Date: _____ Hair Color: _____ Shirt Size: _____ Height: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Actor Phone: _____ Actor E-mail: _____

FOR ACTORS WHO HAVE NOT GRADUATED HIGH SCHOOL YET (EVEN IF 18)

Parent Name(s): _____

Primary Phone: _____ Parent E-mail: _____

Secondary Phone: _____ Secondary E-mail: _____

School (for 26-27): _____ Grade (for 26-27): _____

Are you interested in a specific role? If so, which one(s)?

Would you accept any role offered? Yes No, Specify: _____

If not cast in the show, would you be interested in...

Wardrobe Crew Back Stage Crew Booth Crew Props Set Construction/Painting

Please list the most recent productions you've been involved in. Please include backstage opportunities as well!

Date	Most Recent Show(s)	Character/Role	Where

WAIVER OF LIABILITY & PHOTO RELEASE

**** MUST BE COMPLETED BY ALL AUDITIONING YOUTH & THEIR PARENTS ****

1. Waiver and Release of Liability. I acknowledge that serving as a student may involve a risk of personal injury (including fatal injuries) and property damage. I knowingly ASSUME ANY AND ALL RISKS associated with my student experience. I, for myself, my personal representatives and all others who might have a similar claim, hereby IRREVOCABLY AND UNCONDITIONALLY FOREVER RELEASE, WAIVE AND DISCHARGE any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, suits, rights, demands, costs, losses, debts and expenses arising directly or indirectly from my participant experience (collectively, "Claims") against Fort Wayne Youtheatre ("Organization"), Russ Koehlinger Foundation Inc. (RKF), RKF Properties LLC, RKF Lake Avenue LLC, NACS, Arts United or any of their respective affiliates, owners, predecessors, successors, assigns, agents, directors, officers, employees and representatives (the "Released Parties"). I understand that this Section 1 applies to all Claims of any nature whatsoever, whether known or unknown, suspected or unsuspected, foreseen or unforeseen.

2. Hold Harmless. I agree to DEFEND, INDEMNIFY AND HOLD HARMLESS any of the Released Parties from any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind (including without limitation attorneys' fees) that are incurred or suffered by any of the Released Parties (collectively, "Losses") on account of any and all third party charges, complaints, actions, suits, demands and claims (collectively, "Third-Party Claims") arising directly or indirectly from my failure to comply with the terms and conditions of this Agreement or my negligent act(s) or omission(s) or reckless or willful misconduct in connection with my participation with Organization.

3. Consent. Without limiting the foregoing, (a) in the event I sustain a personal injury as a result of my services as a student to Organization, I authorize all necessary medical treatment that may be prescribed by qualified medical personnel, and I agree that I will be solely responsible for payment of all costs arising from any such injury and medical treatment; and (b) I consent to the use of my name and/or photograph or likeness by Organization without any compensation or inspection.

4. General Provisions. (a) Any proposed amendment, discharge, termination or change to this Student Release and Waiver of Liability ("Release") must be in writing and authorized by Organization in writing. (b) The waiver by Organization of a breach of any provision of this Release shall not operate or be construed as a waiver of any subsequent breach, and no waiver shall be valid unless it is in writing and is signed by the party against whom such waiver is sought. (c) I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that this Release is to be construed in accordance with the laws of the State of Indiana, and any dispute regarding the matters set forth herein shall be resolved in the federal or state courts sitting in Allen County, Indiana. (d) I expressly agree that if any provision of this Release is held invalid, that the balance of the Release shall, notwithstanding, continue in full legal force. (e) I understand that the terms and conditions of the following provisions of this Agreement will survive my completion of the participation experience with Organization: Sections 1, 2, 3, and 4.

Photo Release. The Fort Wayne Youtheatre has my permission to use my or my child's photograph/video publicly for any marketing or promotional materials. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Youth Name: _____ Adult Name: _____

Adult Signature (if Youth is under 18): _____ Date: _____

RIDE THE CYCLONE Conflicts:

Please list ALL conflicts that you have during the rehearsal schedule. Do NOT list as a conflict if it is something you can change, skip or reschedule. Put an "X" if you can't come at all, or write the specific times you CAN be there within the rehearsal time period.

SUNDAYS 2-10PM	MONDAYS 7-10PM	TUESDAYS 7-10PM	WEDNESDAYS 7-10PM	THURSDAYS 7-10PM	FRIDAYS 7-10PM
07/12	07/13	07/14	07/15	07/16	07/17
07/19	07/20	07/21	07/22	07/23	07/24
06726	07/27	07/28	07/29	07/30	07/31
08/02	08/03	08/04	08/05	08/06	08/07
08/09	08/10	08/11	08/12	08/13	08/14
08/15					

PERFORMANCES:
**August 13 (7PM), August 14 (7PM & 10:30PM), August 15 (7PM),
 August 16 (2PM) + HOLD August 16 (6/7PM), 2026**

ACTOR NAME: _____