



ACADEMY OF COMMUNITY THEATRE
Building Character, Confidence, and Creativity

ADULT CONSENT FORM

ACTOR'S NAME: _____

CONTRACT: IF I am cast in the play, I will commit to being at all rehearsals that I am scheduled for, unless it is specified on the audition form or I am sick. Unexcused absences will jeopardize my part in the play, as well as casting in future productions. I am aware that I will need to miss three days of school or work on November 13-15, 2019.

TUITION PAYMENT: I am aware that a production fee is requested IF I am cast. The production fee will be due on May 21st at the initial cast meeting.

MEDICAL RELEASE: I hereby release ACT II, its agents and employees from any and all claims and liabilities resulting from participation with ACT II-sponsored activities. In the event of an emergency, I hereby authorize an agent of the Academy of Community Theatre (ACT II) to act on my behalf to seek emergency medical treatment if I am unable to respond, in the event that such treatment is deemed necessary by that agent. I authorize the physician selected by said agent to administer such emergency treatment as said physician deems necessary (in his/her judgment) under the circumstances. I understand and agree that I will be responsible for payment of said physician's fee and any and all other fees or expenses associated with such treatment.

PHOTO RELEASE: I give the Academy of Community Theatre (ACT II) and the Academy of Children's Theatre (ACT) permission for photographs and video taken of me and my work in rehearsal and in performance for publication in ACT and/or ACT II marketing materials and in informational publications, including our website. I understand that there is no financial or other compensation for its use.

Adult Performer's Signature: _____

Date: _____