



Camino Real Playhouse Audition Form



Name _____ Home Phone _____

Address _____ Cell Phone _____

City/Zip _____ Email _____

Theatre experience (or attach resume) _____

Age Range _____ Height _____ Hair Color _____ Vocal Range _____

Do you have any other skills or hobbies that we should know about?

CONFLICTS: Please list all conflicts that you might have with rehearsals. This information helps the Director plan the rehearsal schedule. Conflicts with rehearsals do not automatically exclude you from being cast. Conflicts with performances do.

For which role(s) are you auditioning? _____

Will you accept another role? Yes / No
(If yes, which one/s?) _____

Are you also interested in helping the Camino Real Playhouse in any other capacity?

Please circle positions of interest....

Backstage	Lights/Sound/Tech	Props	Costumes	Front of House (Ushering)
Box Office Phones	Office Administration	Set Build		Set Paint / Scenic Artistry

I understand, acknowledge and agree that (1) my involvement with the South Orange County Community Theatre dba Camino Real Playhouse (SOCCT/CRP) is and will be as a volunteer/actor, (2) there is no employer/employee relationship between me and SOCCT/CRP, (3) there are inherent risks during the performance of any work or task necessary for the staging or performance of theatrical presentations including, but not limited to, the rehearsal and backstage, during performances (collectively "Theatre Work") and (4) I will and do, on behalf of myself, my spouse, my heirs, my insurers, my successors, and assigns (collectively "My Parties"), release, hold harmless, and indemnify SOCCT/CRP, it's agents, officers, directors, trustees, advisors, employees, contractors, members, insurers, successors, and assigns (collectively, "Agents") from any claims, liabilities, losses, demands, damages, causes of action, or costs including without limitations attorney's fees (collectively "Claims") arising out of or in connection with my attendance at or participation in the Theatre Work, even though the Claims may arise out of the negligent acts or omissions on the part of SOCCT/CRP and it's Agents. I further hereby agree on behalf of myself and My Parties to assume all risks of my participation in the Theatre Work.

Actor's Name (Please Print) _____

Signature _____ Date _____



Camino Real Playhouse Photo/Video Release Form



The undersigned enters into this Agreement with **Capistrano Center for the Performing Arts/Camino Real Playhouse**, ("Producer"). I have been informed and understand that Producer is producing a videotape program and that my name, likeness, image, voice, appearance and performance is being recorded and made a part of that production ("Product").

1. I grant Producer and its designees the right to use my name, likeness, image, voice, appearance and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product in whole or part as Producer may elect. Producer or its designee shall have complete ownership of the Product in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the Product or its copyright.
2. I also grant Producer and its designees the right to broadcast, exhibit, market, sell and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution or any other purpose that Producer or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to third parties, and that Producer has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for the use of my name, likeness, image voice, appearance and performance embodied in the Product. I expressly release and indemnify Producer and its officers, employees, agents and designees from any and all claims known and unknown arising out of, or in any way connected with, the above granted uses and representations. The rights granted Producer herein are perpetual and worldwide.
4. In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration from Producer.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Actor's Name (Please Print) _____

Signature _____ Date _____

(If the person signing is under age 18, a parent or legal guardian must sign below.) I hereby certify that I am the parent or legal guardian of the model named above and I give my consent without reservation to the foregoing on behalf of him or her.

Signature _____ Date _____
(Signature of parent or guardian)