

# Triple Threat Workshop Audition Form

We use this form to contact you about callbacks/casting purposes so please print neatly! Please attach your headshot and resume.



**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Vocal Range:** \_\_\_\_\_

**Show Auditioning For:** \_\_\_\_\_

**Audition Song, Title of Show:** \_\_\_\_\_

**Roles Interested In:** \_\_\_\_\_

## Contact Information:

Parent/Guardian Name (If under 18) \_\_\_\_\_

Email \_\_\_\_\_

Cell: \_\_\_\_\_

If not accepted for a lead role, would you accept Ensemble? Yes \_\_\_ No \_\_\_

Would you accept an understudy? Understudies are not guaranteed performances. Yes \_\_\_ No \_\_\_

If not cast, would you be interested in helping out in some technical aspect of the show? Yes \_\_\_ No \_\_\_

## SCHEDULING:

**Please attach a list of TYPED conflicts. Please be thorough!**

Are you available for afternoon rehearsals when school is not in session? Yes \_\_\_ No \_\_\_

Please list your fall break/thanksgiving break if this applies to you! There will not be rehearsal on Thanksgiving/Black Friday. \_\_\_\_\_.

**SPECIAL SKILLS:** Please list any and all special skills you may have! Tumbling, tricks, roller skates, hoola-hooping etc.

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# **COVID-19 Liability Release Waiver**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Triple Threat Performing Arts LLC will strongly follow.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

\_\_\_\_\_ I have not experienced symptoms relating to COVID-19 in the last 14 days.

\_\_\_\_\_ I have not, nor any members of my household traveled to a location considered a hotspot in the last 14 days.

\_\_\_\_\_ I did not, nor any members of my household, test positive for Covid-19 in the last 14 days.

\_\_\_\_\_ I am fully and personally responsible for my safety while participating and recognize that I could be at risk of unintentionally contracting Covid-19.

\_\_\_\_\_ I understand that I must wear a mask at all times during rehearsals and performances.

\_\_\_\_\_ I understand that it is my responsibility to follow Triple Threat Performing Arts Safety Precautions, as well as all CDC guidelines. Failure to do so can result in immediate removal from the production without reimbursement of any kind.

\_\_\_\_\_ I will contact Triple Threat Performing Arts LLC if I, or anyone in my household contracts COVID-19 at any point from auditions to two weeks after closing performance. November 12th-December 28th.

\_\_\_\_\_ I understand I am unable to participate until this waiver is signed and returned.

\_\_\_\_\_ With full knowledge of risks involved, I hereby release, waive, discharge Triple Threat Performing Arts and all of their independent contractors, from any and all liabilities, claims, demands, expenses, lawsuits, directly or indirectly, arising out of or related to, any loss, damage, injury, illness, or death that may be sustained by me while in, on, or around the premises while using the facilities that may lead to unintentional exposure of COVID-19.

By signing below I verify that I have read the liability waiver in full, and that I am at least 18 years of age.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_