



Audition Form # \_\_\_\_\_

### Dancer Information

- I am auditioning for a company role. (Must be at least 12 years old by August 31 and enrolled in a minimum of two intermediate ballet classes every week.)
- I am auditioning for a Community Cast role in *The Nutcracker* only. (Must be at least 8 years old by August 31)
- I will accept any part for which I am cast.  Yes  No (if no, please talk to Ken or Josie Johnson before auditioning)
- I or my guardian have read and signed the waiver on page 3.

\_\_\_\_\_  
Dancer's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Height

M F  
Gender

\_\_\_\_\_  
Address

\_\_\_\_\_  
Dancer's Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Dancer Email

Please do NOT publish the Dancer's name in the media or on the internet

\_\_\_\_\_  
Academic School and Grade (if attending)

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\_\_\_\_\_  
Parent / Guardian 1

\_\_\_\_\_  
Parent / Guardian 2

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Emergency Contact (non-parent)

\_\_\_\_\_  
Primary Phone

### Medical Information

\_\_\_\_\_  
Hospital or Clinic Preference

\_\_\_\_\_  
Primary Care Provider's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies, Current Medications, or Special Health Considerations

- I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent or Guardian Signature (of under age 18)

\_\_\_\_\_  
Date

## Scheduling Information

Rehearsals begin Saturday, September 30, 2017. Please list ALL activities that could conflict with your rehearsal schedule as well as specific conflict dates (Note: Rehearsal excuse forms must be submitted to the Artistic Directors two weeks in advance of each absence.) *All dancers must be available for Nutcracker rehearsal on Sunday of Thanksgiving weekend, and company dancers must be available for Swan Lake rehearsal the second weekend of Spring Break, April 7-8, 2018.*

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List family vacation plans that conflict with your rehearsal schedule as well as specific dates.  
(You must also turn in a rehearsal excuse form 2 weeks prior to absence.)

## Dance Experience

### Dance Experience

Where have you studied? How long? What type of dance?

### Present Dance Experience

Where do you currently study? Classes per week? What type of dance?

### Performance Experience

In what productions have you performed? What was your role? When and where was it performed? If you have been in Ballet Northwest's production of *The Nutcracker*, please list your last 5 roles.

## OFFICIAL USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

Dancer selected for:       Company       Non-company       Dancer not selected

Cast as: \_\_\_\_\_

Notes: \_\_\_\_\_

**Ballet Northwest Waiver and Release of Liability**

*Must be signed prior to dancer's audition on September 23, 2017*

In consideration of being allowed to participate in any way with Ballet Northwest, including auditions, rehearsals, productions, and related events and activities, the undersigned (and the parent/legal guardian, if applicable):

1. Agrees that, prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise on or both of the Artistic Directors, and/or a member of the Board of Directors, and/or any other person who is reasonably capable of remedying any such condition(s), **and refuse to participate unless and until the unsafe condition(s) is/are remedied. NOTICE TO PARENTS/LEGAL GUARDIANS: BALLET NORTHWEST WILL MAKE ANY AND ALL FACILITIES AND EQUIPMENT TO BE USED REASONABLY AVAILABLE FOR YOUR INSPECTION UPON REQUEST.**

2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his or her actions, inactions, or negligence, but also from the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to Ballet Northwest and its officer/directors, or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent total disability or death.

4. Release, waive, discharge and covenant not to sue Ballet Northwest, its respective administrators, directors (including Artistic Directors), agents, teachers (including guest teachers), choreographers, contractors, and/or employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, their heirs, agents, and assigns, for any and all claims, demands, losses or damages on account of injury, including death and damage to property, resulting from participation with Ballet Northwest.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT BY SIGNING BELOW, I AGREE TO BE BOUND BY ALL OF THE FOREGOING TERMS. I ALSO UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTAIL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

**SIGNATURES OF MINOR CHILDREN MUST BE ACCOMPANIED BY THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
Participant (sign & print name above before audition)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if applicable (sign & print name above)

\_\_\_\_\_  
Parent/Guardian Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Address

\_\_\_\_\_  
City, State, Zip

**If you have any questions regarding this contract or waiver, email [info@balletnorthwest.org](mailto:info@balletnorthwest.org)**