

# SVRDC Nutcracker 2021

Participation fee (all inclusive) \$325

Check# \_\_\_\_\_

Cash \_\_\_\_\_

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

## AUDITION FORM

\*Please print clearly\*

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Dance Studio you attend \_\_\_\_\_

Please specify # of years of each style you have taken classes \_\_\_\_\_

Please provide what roles you have been in previously in our production and what years (please use the back of this for extra space)

Contact #1 Name \_\_\_\_\_ Contact #1 Phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Contact #2 Phone \_\_\_\_\_

Email Address for all communications (IMPORTANT, please print clearly!) \_\_\_\_\_

T-shirt Size (for cast t-shirt which is included in fee) \_\_\_\_\_

## MEDICAL INFORMATION

Allergies \_\_\_\_\_ Doctor Name & Phone # \_\_\_\_\_

I hereby authorize the artistic staff and/or Board Members of Schuylkill Valley Regional Dance Company to administer or obtain the necessary medical intervention for my child in case of emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## TERMS AND CONDITIONS, LETTER OF AGREEMENT

Yes, I have read and understand all the rules and regulations in the "Terms and Conditions, Letter of Agreement" section of the Nutcracker information packet. My child and I understand the rules and policies surrounding the audition, rehearsals, attendance policy, rehearsals, and all fees related to participation in the production. We agree to abide by these rules and policies and any other set forth by Schuylkill Valley Regional Dance Company, its Artistic Director and choreographers. I agree to pay the \$325 participation fee on Sunday, August 29th, 2021. We also understand that my child is auditioning to participate in *The Nutcracker*, not for a specific role, and as such, we are willing to accept the role(s) given. I understand that there is some risk of injury inherent in the dance training and dance educational activities. SVRDC shall not be responsible for injuries or damages suffered by the Student, caused or alleged to be caused by the negligence of SVRDC. I understand and accept that all students must adhere to the standards of behavior set forth by the SVRDC faculty and direction. I also agree to hold SVRDC harmless from any and all claims, costs, liabilities, expenses, or judgments, including attorney fees and courts costs (herein collectively called "claims") arising out of the Student's participation in SVRDC's programs and productions, for any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the SVRDC staff, faculty, and all officers from against any and all such Claims, except Claims caused by the gross negligence or willful misconduct of SVRDC.

\_\_\_\_\_ I have read the above and agree.

Dancer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**COVID-10 Release Waiver**

I release the Schuylkill Valley Regional Dance Company and Kimberton Dance Academy LLC, it's instructors, independent contractors, and all other associates from liability for harm, theft, or injury that may be suffered by me and/or members of my family traveling to or from or during participation in activities and programs sponsored by the Schuylkill Valley Regional Dance Academy and Kimberton Dance Academy LLC. I acknowledge the contagious nature of COVID-19 and other contagious diseases and viruses and voluntarily assume the risk that I and/or my children may be exposed to or infected by COVID-19 by attending and participating and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and other contagious diseases and viruses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, independent contractors, volunteers, and program participants and their families. I release the Schuylkill Valley Regional Dance Company and Kimberton Dance Academy LLC, its instructors, independent contractors and all associates from liability for harm, injury or death pertaining to COVID-19 and other contagious diseases and viruses. I understand and agree to Schuylkill Valley Regional Dance Company and Kimberton Dance Academy's policies and procedures. I understand that my student must have this release form signed before attending the audition and rehearsals.

\_\_\_\_\_ I have read the above and agree.

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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For office use only: Bust \_\_\_\_\_ Waist \_\_\_\_\_ Hips \_\_\_\_\_ Girth \_\_\_\_\_