

Number _____ Height _____
(filled out by WAC staff)



Walton Arts Center
life is sweet

Nutcracker Children's Cast Auditions Tuesday, November 18, 2014

Girls & Boys, ages 6-10 4:30pm – 6pm

(Please Print Clearly)

Child's Name: _____

Age _____ DOB _____ Height _____ Please circle: Male Female

Parent/Guardian's Name _____

Phone() _____ Cell() _____ Emergency() _____

Address _____

City _____ State _____ Zip _____

Current Dance/Acting School/or Athletics _____ Years of Training _____

Permission to Audition/Medical and Media Release

I give my child permission to participate in the auditions, rehearsals and performances for Moscow Classical Ballet's production of *The Nutcracker*. In case of emergency, I hereby authorize The Moscow Classical Ballet and /or Walton Arts Center, its representatives, members, officials, agents and employees, paramedics and/or the nearest hospital emergency room to administer medical attention to the above named minor. I further understand that The Moscow Classical Ballet and /or Walton Arts Center, or any of its representatives, members, officials, agents and employees are not responsible or liable for injuries sustained on the premises.

I hereby consent to have my child photographed, video-taped, filmed, audio taped and/or interviewed by the media, and grant the rights in perpetuity from the time he or she enters Walton Arts Center, studios today, is auditioning for and/or preparing for and/or performing in *The Nutcracker* ballet.

I agree to hold harmless The Moscow Classical Ballet and /or Walton Arts Center, its members, officials, agents and employees from and against any claims, demands, actions, complaints, suits or other forms of liability that shall arise or be caused by the further participation by my child on radio, television, on the internet, in motion pictures, the print medium or in all media now known or hereafter devised.

I understand and agree that no monies or other consideration in any form, including reimbursement for any expense incurred by me or my child will become due to me, my child, our heirs, agents or assigns at any time because of my child's participation in any of the above activities.

Parent/Guardian Signature _____ Date _____

